RI SOS Filing	Date: 3/29/2023 4:00:00 PM							
State of Rhode Island Department of Sta	ate - Busine:	ss Services I	Division		_			
Annual Report for the year: 2023 Orporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00			_		PECENT			
→ Penalty: Additional \$25.00 f				20 V	10: 52			
136656		of the Corporation Body, Inc.		J. J.				
3. Principal Office Address 1398 Park Avenue	City Cranston		State RI		Zip 02910			
4. NAICS Code 811198 5. State of Incorporation Rhode Island	6. Brief description of the character of business conducted in Rhode Island Motor vehicle mechanics, auto body repair and reconditioning and the sale of auto vehicles							
7. List ALL officers (names and add	dresses)		Tree Death	Check th	ne box to it	ndicate a	n attachment	
President Name Daniel S. Dave	Vice-President	Vice-President Name NONE						
Street Address 3 Mt. Hygeia Ro	Street Address							
City Foster	State RI	^{Zip} 02825	City	State		Zip		
Secretary Name Daniel S. Dave	Treasurer Nam	Treasurer Name Daniel S. Davey						
Street Address 3 Mt. Hygeia Ro	Street Address	Street Address 3 Mt. Hygeia Road						
City Foster	State RI	^{Zip} 02825	City Foster		State RI		^{Zip} 02825	
B. List ALL directors (names and addresses) Director Name				Observation to the state of the				
Daniel S. Dave	Director Name	Director Name NONE						
Street Address 3 Mt. Hygeia Ro	Street Address							
City Foster	State RI	^{Zip} 02825	City		State		Zip	
Director Name NONE			Director Name NONE					
Street Address			Street Address					
City	State	Zip	City	City			Zip	
Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment				
		NUMBER OF SHARLS		CLASS/SERIES Common		No Par Value		
11. This report must be executed o	n behalf of the co	ernoration by an a	uthorized repress	entative If the corner	ation in in i	ho hond	s of a reserve	

trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative

Daniel S. Davey, President

Signature of Authorized Representative

3-14.23

MAR 2 9 2023

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov