



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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MAR 29 2023

2023 MAR 28 A 10:52

1. Entity ID Number 136656		2. Exact name of the Corporation Ideal Auto Body, Inc.			
3. Principal Office Address 1398 Park Avenue		City Cranston		State RI	Zip 02910
4. NAICS Code 811198		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			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Daniel S. Davey			Vice-President Name NONE		
Street Address 3 Mt. Hygeia Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Daniel S. Davey			Treasurer Name Daniel S. Davey		
Street Address 3 Mt. Hygeia Road			Street Address 3 Mt. Hygeia Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Daniel S. Davey			Director Name NONE		
Street Address 3 Mt. Hygeia Road			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	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par Value	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or 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				Date 3-14-23	
Signature of Authorized Representative <i>Daniel S. Davey</i>				MAR 29 2023 BY 1016	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021