



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.

RECEIVED
STATE OF RHODE ISLAND
BUSINESS SERVICES DIVISION

STAMP

2023 APR -5 A 9:01

1. Entity ID Number 32984		2. Exact name of the Corporation PASSPORT AUTO BODY, INC.			
3. Principal Office Address 55 Budlong Road		City Cranston		State RI	Zip 02920
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island To conduct auto body work, auto repair and service center and any other lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Serafino V. Cazzani			Vice-President Name Robert Cazzani		
Street Address 34 East Bel Air Road			Street Address 34 East Bel Air Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Robert Cazzani			Treasurer Name Serafino V. Cazzani		
Street Address 34 East Bel Air Road			Street Address 34 East Bel Air Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Cazzani			Director Name Serafino V. Cazzani		
Street Address 34 East Bel Air Road			Street Address 34 East Bel Air Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		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 Serafino V. Cazzani					Date 2/3/23
Signature of Authorized Representative 					

FILED

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

APR 05 2023

BY ml 406

FORM 630 - Revised: 11/2021