



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

JAN 25 2024

1. Entity ID Number <u>95440</u>		2. Exact name of the Corporation <u>WEST FOUNTAIN Auto Sales & Body Inc</u>			
3. Principal Office Address <u>400 WEST FOUNTAIN ST</u>			City <u>PROV</u>	State <u>RI</u>	Zip <u>02903</u>
4. NAICS Code <u>8111</u>		6. Brief description of the character of business conducted in Rhode Island <u>AUTO BODY REPAIR</u> <u>Auto Sales</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>PATRICIA A. FORTE</u>			Vice-President Name		
Street Address <u>2380 CRAWSTON ST</u>			Street Address <u>SAME</u>		
City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip
Secretary Name			Treasurer Name <u>SAME</u>		
Street Address <u>SAME</u>			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name <u>SAME</u>		
Street Address <u>SAME</u>			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>SAME</u>			Director Name <u>SAME</u>		
Street Address <u>SAME</u>			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		
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 <u>Patricia A. Forte</u>					Date <u>1/23/24</u>
Signature of Authorized Representative <u>Patricia A. Forte</u>					

MAIL TO:

Division of Business Services

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