



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED

JAN 25 2024

30148

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | | |
|--|--------------------|---|-------------------------------|--------------------|------------------------|
| 1. Entity ID Number 95440 | | 2. Exact name of the Corporation WEST FOUNTAIN Auto Sales & Body Inc | | | |
| 3. Principal Office Address 400 WEST FOUNTAIN ST | | | City PROV | State RI | Zip 02903 |
| 4. NAICS Code 8111 | | 6. Brief description of the character of business conducted in Rhode Island AUTO Body Repair Auto Sales | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name PATRICIA A. FORTE | | | Vice-President Name | | |
| Street Address 2380 CRAWSTON ST | | | Street Address SAME | | |
| City CRAWSTON | State RI | Zip 02920 | City | State | Zip |
| Secretary Name | | | Treasurer Name SAME | | |
| Street Address SAME | | | 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 SAME | | |
| Street Address SAME | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name SAME | | |
| Street Address SAME | | | 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 | |
| | | 1000 | 1000 | 1.00 | |
| 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 Patricia A. Forte | | | | | Date 1/23/24 |
| Signature of Authorized Representative Patricia A. Forte | | | | | |

MAIL TO:
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