



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 STAMP
FEB 02 2024
 BY 6318 JS

1. Entity ID Number 0000111029		2. Exact name of the Corporation Gino's Auto Body and Auto Sales, Inc.			
3. Principal Office Address 4B Tag Drive			City North Providence	State RI	Zip 02911
4. NAICS Code 336111		6. Brief description of the character of business conducted in Rhode Island To perform auto body repairs and used automobile sales			
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 Scott Ruggiero			Vice-President Name Scott Ruggiero		
Street Address 4B Tag Drive			Street Address 4B Tag Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Scott Ruggiero			Treasurer Name Scott Ruggiero		
Street Address 4B Tag Drive			Street Address 4B Tag Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Scott Ruggiero			Director Name		
Street Address 4B Tag Drive			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
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		PAR VALUE
			1,000	Common	0.00
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 Scott Ruggiero				Date 1/10/24	
Signature of Authorized Representative 					

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