



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

FEB 05 2024 MP

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| | | | | | |
|--|--------------------|--|---|--------------------------|---------------------|
| 1. Entity ID Number 76269 | | 2. Exact name of the Corporation WINDMILL AUTO SALES & BODY, INC. | | | |
| 3. Principal Office Address 16 HUMBERT STREET | | | City N. PROVIDENCE | State RI | Zip 02911 |
| 4. NAICS Code 423110 | | 6. Brief description of the character of business conducted in Rhode Island ALL ASPECTS OF OPERATION OF AN AUTOMOBILE DEALERSHIP AND REPAIR FACILITY | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name KENNETH VOLLER | | | Vice-President Name | | |
| Street Address 33 ST. JOHN'S CIRCLE | | | Street Address | | |
| City N. PROV. | State RI | Zip 02911 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | 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 KENNETH VOLLER | | | Director Name | | |
| Street Address 33 ST. JOHN'S CIRCLE | | | Street Address | | |
| City N. PROV. | State RI | Zip 02911 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 200 | 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 KENNETH VOLLER - PRESIDENT | | | | Date 1-27-2024 | |
| Signature of Authorized Representative <i>[Handwritten signature: Kenneth Voller]</i> | | | | | |

MAIL TO:
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