



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

*[Handwritten signature]*

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES 200	CLASS/SERIES COMMON	PAR VALUE 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. <b>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.</b>					
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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