



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

FEB 15 2024
BY 20350
DS

- 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 128032		2 Exact name of the Corporation North Smithfield Auto Body, Inc.												
3 Principal Office Address 770 Eddie Dowling Highway			City North Smithfield	State RI	Zip 02896									
4 NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island To operate an automobile body shop												
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 Thomas Whalen			Vice-President Name None											
Street Address 770 Eddie Dowling Highway			Street Address											
City North Smithfield	State RI	Zip 02896	City	State	Zip									
Secretary Name Thomas Whalen			Treasurer Name Thomas Whalen											
Street Address 770 Eddie Dowling Highway			Street Address 770 Eddie Dowling Highway											
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896									
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name None			Director Name None											
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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par			
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200	Common	No Par												
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 Thomas Whalen				Date 2/16/24										
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