RI SOS Filing Number: 202447439670 Date: 2/26/2024 4:00:00 PM

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 26 2024
BY 135709 FOR

1. Entity ID Number	2. Exact name of the Corporation		
000087603	WESTERLY AUTO BODY, INC.		
3. Principal Office Address	City	State	Zip
74 School Street	Westerly	RI	02891
4. NAICS Code: 811111	6. Brief description of the character of business conducted in Rhode Island: The repair of automobiles.		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Stiles M. Gilmore, IV			Vice-President Name: Jon Milliken		
Street Address: 79 Diamond Hill Road			Street Address: 17 Spruce Street		
City: Bradford	State: RI	Zip: 02808	City: Westerly	State: RI	Zip: 02891
Secretary Name: Laura A. Scalise			Treasurer Name: Laura A. Scalise		
Street Address: 16 Estas Way			Street Address: 16 Estas Way		
City: Ashaway	State: RI	Zip: 02804	City: Ashaway	State: RI	Zip: 02804

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par Value

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	Date
Stiles M. Gilmore, IV	2/12/24

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

FORM 630 - Revised: 11/2021