



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.

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

REC'D  
24 APR 10 11:00 AM  
RI

1. Entity ID Number 001765017		2. Exact name of the Corporation EAST PROVIDENCE ADAS-GLASS-MECHANICAL, INC			
3. Principal Office Address 11 Clemenceau Street			City East Providence	State RI	Zip 02914
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island Automotive body, paint, interior, & glass repair			
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 Dennis J. Bigelow			Vice-President Name		
Street Address 2244 Pawtucket Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Dennis J. Bigelow			Treasurer Name Dennis J. Bigelow		
Street Address 2244 Pawtucket Avenue			Street Address 2244 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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 100	CLASS/SERIES common	PAR VALUE 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. <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 Dennis J. Bigelow				Date 3-4-24	
Signature of Authorized Representative 				FILED	

MAIL TO:

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

APR 10 2024  
BY ML 33264