



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 RI
24 APR 10 11 23 AM

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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.		10. Shares Issued		CLASS/SERIES	
Changes require an additional filing.		NUMBER OF SHARES		PAR VALUE	
		100		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 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