



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.

REC'D RI SOS  
22 APR 30 PM 2:04:52  
STATE

1. Entity ID Number 000979897		2. Exact name of the Corporation DIBS, INC.			
3. Principal Office Address 987 Willett Avenue			City Riverside		State RI
			Zip 02915		
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Automotive Repair			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Jad Dib			Vice-President Name Najib Dib		
Street Address 12 Josal Drive			Street Address 9 Carolina Avenue		
City Barrington	State RI	Zip 02806	City Riverside	State RI	Zip 02915
Secretary Name Cassandra K. Dib			Treasurer Name Elias F. Dib		
Street Address 1096 Bullocks Point Avenue			Street Address 1096 Bullocks Point Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
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			10. Shares Issued <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.			NUMBER OF SHARES		
			CLASS/SERIES		
			1000	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 Jad Dib					Date 4/29/24
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

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