



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
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
JAN 29 2025
BY 13447

1. Entity ID Number 000139313		2. Exact name of the Corporation Mike's Service Auto Body, Inc.			
3. Principal Office Address 1070 Tower Hill Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island Auto body repairs.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael A. Henry			Vice-President Name Kimberly A. Henry		
Street Address 1070 Tower Hill Road			Street Address 1070 Tower Hill Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Kimberly A. Henry			Treasurer Name Michael A. Henry		
Street Address 1070 Tower Hill Road			Street Address 1070 Tower Hill Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			1000	COMMON	NONE
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 MICHAEL A. HENRY, PRESIDENT				Date 1/27/25	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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