



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

FEB 03 2025 STA

BY 7219 AA

1. Entity ID Number 0000111029		2. Exact name of the Corporation Gino's Auto Body and Auto Sales, Inc.									
3. Principal Office Address 4B Tag Drive			City North Providence	State RI	Zip 02911						
4. NAICS Code 336111		6. Brief description of the character of business conducted in Rhode Island To perform auto body repairs and used automobile sales									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Scott Ruggiero			Vice-President Name Scott Ruggiero								
Street Address 4B Tag Drive			Street Address 4B Tag Drive								
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911						
Secretary Name Scott Ruggiero			Treasurer Name Scott Ruggiero								
Street Address 4B Tag Drive			Street Address 4B Tag Drive								
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Scott Ruggiero			Director Name								
Street Address 4B Tag Drive			Street Address								
City North Providence	State RI	Zip 02911	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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td></td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000		0.00
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1,000		0.00									
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 Scott Ruggiero					Date 1/16/25						
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