



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025
Corporation _____

FEB 11 2025 STAMP
BY 1863

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001748741		2. Exact name of the Corporation Ltd, Inc.			
3. Principal Office Address 22 Alden Drive			City West Warwick	State RI	Zip 02893
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island Automotive body, paint, interior and glass repair			
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 Stephanie Douglas			Vice-President Name SAME		
Street Address 22 Alden Drive			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephanie Douglas			Director Name SAME		
Street Address 22 Alden Drive			Street Address		
City West Warwick	State RI	Zip 02893	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			3000		CWP
					PAR VALUE
					\$0.01
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 Stephanie Douglas					Date 1/25/25
Signature of Authorized Representative <i>Stephanie Douglas</i>					

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