



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.

**FIELD**

FEB 11 2025

BY 1313

1. Entity ID Number 128032		2. Exact name of the Corporation North Smithfield Auto Body, Inc.												
3. Principal Office Address 770 Eddie Dowling Highway			City North Smithfield	State RI	Zip 02896									
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island To operate an automobile body shop												
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 Thomas Whalen			Vice-President Name None											
Street Address 770 Eddie Dowling Highway			Street Address											
City North Smithfield	State RI	Zip 02896	City	State	Zip									
Secretary Name Thomas Whalen			Treasurer Name Thomas Whalen											
Street Address 770 Eddie Dowling Highway			Street Address 770 Eddie Dowling Highway											
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
200	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.														
<b>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.</b>														
Name of Authorized Representative Thomas Whalen					Date ✓									
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