RI SOS Filing Number: 202571108310 Date: 4/21/2025 4:00:00 PM

**State of Rhode Island**
**Department of State - Business Services Division**

FILED
APR 21 2025 1P
BY 4393

**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.

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 13482 | SPRING GREEN AUTO BODY, INC | | |
| 3. Principal Office Address | City | State | Zip |
| 1664 ELMWOOD AVENUE | CRANSTON | RI | 02910 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | |
| 811121 | ANY LAWFUL BUSINESS AND GENERAL AUTO BODY AND REPAIRS | | |
| 5. State of Incorporation | | | |
| RHODE ISLAND | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| CHARLES PISTOCCO III | 45 BROADVIEW AVENUE | WARWICK | RI | 02889 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| CHRISTIAN PISTOCCO | 45 BROADVIEW AVENUE | WARWICK | RI | 02889 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| CHARLES PISTOCCO III | 45 BROADVIEW AVENUE | WARWICK | RI | 02889 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| CHRISTIAN PISTOCCO | 45 BROADVIEW AVENUE | WARWICK | RI | 02889 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| NONE | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| NONE | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| NONE | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| NONE | | | | |

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 100 | 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 | Date |
|---|---|
| CHARLES PISTOCCO III | (X) 4/15/25 |

Signature of Authorized Representative

(X)

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

FORM 630- Revised: 12/2023