



**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.

REC'D RIDOS BSD
25 APR 22 PM 1:34:29

| | | | | | |
|---|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 000979897 | | 2. Exact name of the Corporation DIBS, INC. | | | |
| 3. Principal Office Address 987 Willet Avenue | | | City Riverside | State RI | Zip 02915 |
| 4. NAICS Code 811111 | | 6. Brief description of the character of business conducted in Rhode Island Automotive 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 Jad Dib | | | Vice-President Name Najib Dib | | |
| Street Address 12 Josal Drive | | | Street Address 9 Carolina Drive | | |
| City Barrington | State RI | Zip 02806 | City Riverside | State RI | Zip 02915 |
| Secretary Name Cassandra K. Dib | | | Treasurer Name Elias F. Dib | | |
| Street Address 125 Willard Avenue | | | Street Address 125 Willard Avenue | | |
| City Seekonk | State MA | Zip 02771 | City Seekonk | State MA | Zip 02771 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | |
| | | | PAR VALUE | | |
| | | | 1000 | | |
| | | | 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 Jad Dib | | | | | Date 4.21.25 |
| Signature of Authorized Representative | | | | | |

FILED

APR 22 2025
BY