



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Corporation

FEB 17 2025
BY 2899
AA.

- 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 <u>1712362</u>		2. Exact name of the Corporation <u>Dent Flux Inc</u>		
3. Principal Office Address <u>482 Waterman Avenue</u>		City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>
4. NAICS Code <u>81190</u>	6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <u>RI</u>	<u>Auto Body Repair</u>			

7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>				
President Name <u>Michael Quintanilha</u>					Vice-President Name				
Street Address <u>30 Kathleen Ct.</u>					Street Address				
City <u>Seekonk</u>		State <u>MA</u>	Zip <u>02771</u>		City		State	Zip	
Secretary Name					Treasurer Name				
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					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			
		<u>100</u>	<u>CNP</u>				

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 <u>Michael Quintanilha</u>		Date <u>2-17-2025</u>
Signature of Authorized Representative 		

MAIL TO:
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