



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 5339		2. Name of Corporation CROWN COLLISION CENTER, INC.			
3. Street Address Principal Business Office 180 Broadway		City Pawtucket		State RI	Zip 02860
4. Business Phone No. 401-728-8800		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Conduct and operation of automobile sales agency and/or business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EDWARD BREAUT			Vice President Name RACHELLE BREAUT		
Street Address 180 BROADWAY			Street Address 180 BROADWAY		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name RACHELLE BREAUT			Treasurer Name EDWARD BREAUT		
Street Address 180 BROADWAY			Street Address 180 BROADWAY		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
1,000 common, no par			1,000	common	no par

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.

FILED	
File Date	JAN 28 2009
Check No.	
By	By 30171
FOR SECRETARY OF STATE USE ONLY	

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.

Edward Breault 1-20-09
Signature Date
EDWARD BREAUTL
Print or Type Name
PRESIDENT
Title

**Attachment to Annual Report for
CROWN COLLISION CENTER, INC.**

#5339

For the Year: 2009

7. Name and address of Additional Officer:

Pamela Harrigan, Vice President
180 Broadway
Pawtucket, RI 02860

G:\pjl\Companies\Breault\Crown Collision\Attachment to Annual Report for.doc

FILED

JAN 28 2009

By 30171