



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

*Unmended*

A. Ralph Mollis, Secretary of State  
Corporations Division  
145 W. River Street  
Providence, RI 02904-2015  
(401) 222-3000

## 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(c), 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>88555</b>		2. Name of Corporation <b>CURRERI COLLISION CENTER, INC</b>			
3. Street Address, Principal Business Office <b>2160 HARTFORD AVE.</b>		City <b>JOHNSTON</b>		State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-934-2300</b>		5. State of Incorporation <b>RI</b>			
6. Brief Description of the Character of Business conducted in Rhode Island <b>To own &amp; operate a business for the rental, sale, repair and service of motor vehicles</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>LEONARD CURRERI</b>			Vice President Name <b>ANTHONY CURRERI</b>		
Street Address <b>144 POLE BRIDGE ROAD</b>			Street Address <b>7 TARA DRIVE</b>		
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>LEONARD CURRERI</b>			Treasurer Name <b>LEONARD CURRERI</b>		
Street Address <b>144 POLE BRIDGE ROAD</b>			Street Address <b>144 POLE BRIDGE ROAD</b>		
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares <b>1000</b>	Class Series <b>COMMON</b>	Par Value <b>NO PAR VALUE</b>

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**

**NOV 24 2009**

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.

Signature  
**LEONARD CURRERI**

Print or Type Name

**PRESIDENT**

Title

Date

**11/24/09**

File Date

**11-21-09**

Check No.

By:

FOR SECRETARY OF STATE USE ONLY



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

*Secretary of State*

