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

Amended

A. Ralph Mollis, Secretary of State
Corporations Division
158 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.	2. Name of Corporation			
88555	CURRERI COLLISION CENTER, INC			
3. Street Address, Principal Business Office		City	State	Zip
2160 HARTFORD AVE.		JOHNSTON	RI	02919
4. Business Phone No.	5. State of Incorporation			
401-934-2300	RI			

6. Brief Description of the Character of Business conducted in Rhode Island
To own & operate a business for the rental, sale, repair and service of motor vehicles

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
LEONARD CURRERI			ANTHONY CURRERI		
Street Address			Street Address		
144 POLE BRIDGE ROAD			7 TARA DRIVE		
City	State	Zip	City	State	Zip
NORTH SCITUATE	RI	02857	NORTH PROVIDENCE	RI	02904
Secretary Name			Treasurer Name		
LEONARD CURRERI			LEONARD CURRERI		
Street Address			Street Address		
144 POLE BRIDGE ROAD			144 POLE BRIDGE ROAD		
City	State	Zip	City	State	Zip
NORTH SCITUATE	RI	02857	NORTH SCITUATE	RI	02857

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
1000	COMMON	NO PAR VALUE

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
12:41

[redacted]

File Date 11-24-09 12:41PM
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date* 11/24/09

LEONARD CURRERI
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08