

2. Name of Corporation

1. Corporate ID No.

3. Street Address Principal Business Office 30 Oakdale Avenue

38007

A. Ralph Mollis, Secretary of Stat Corporations Division 148 W. River Stree

> *гір* 02919

Providence, RI 02904-261 401.222.304

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

J. ULBIN'S COLLISION SERVICE CENTER, INC.

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(ccrd)) is subject to a penalty fee of \$25.00.

City Johnston

State RI

4. Business Phone No.						
(401) 272-8647		Rhode Island	Rhode Island			
	Character of Business Condi	icted in Rhode Island				
Auto Body R 7. NAMES AND ADI	epair DRESSES OF THE OFF	ICERS: ("X" BOX FOR ATT	ACHMENT)   FILL II	V SPACES REFORE HEIN.	C ATTACEDATENTS	
President Name		•	Vice President Name	OTHORS BEFORE COIN	G ATTACHMENTS	
Joseph Ulbin			Joseph Ulbin			
Street Address		<del> </del>	Street Address			
14 Seneca Street			14 Seneca Street			
City Warwick	State RI	<sup>Ζφ</sup> 02886	City Warwick	State RI	<sup>Ζψ</sup> 02886	
Secretary Name			Treasurer Name			
Joseph Ulbin Street Address			Joseph Ulbin			
14 Seneca Street			Street Address			
City.			14 Seneca Street			
Warwick	State RI	<sup>Zip</sup> 02886	<sup>City</sup> <b>Warwic</b> k	State RI	<i>др</i> 02886	
Director Name	PRESSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) 🗌 FILL	IN SPACES BEFORE USII	NG ATTACHMENTS	
No Directors			Director Name			
Street Address						
			Street Address			
City	State	Zip	City	State	Zip	
Director Name			**********************			
13st ector (Nume			Director Name			
Street Address						
			Street Address			
City	State	Zip	City		<del></del>	
			Cary.	State	Zip	
9. SHARES AUTHOR	IZED	I	10. SHARES ISSUE	 > ("X" BOX FOR ATTAC	THE PARTY IT	
				ECTION <u>MUST</u> BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series		
State. Changes require an additional filing. See Section 9 of				GRASS/SETIES	Par Value	
instruction sheet.			100	Common	No par value	
				<del>-</del>		
			1		İ	
This report must be ex	xecuted on behalf of th	e corporation by an authorize	ed representative. If the	corporation is in the hand	le of a raccivar and to the	
this report must be ex	secuted on behalf of the	corporation by the receiver	or trustee.	corporation is in the name	is of a receiver or trustee,	
			T7. 4. 1. c			
	تلاحم		Under penalty of	perjury, I declare and affirm	that I have examined this repor atements, and that all statement	
	FILED		contained berein	are true and correct.	atements, and that all statement	
File Date		ľ	6 hu	<del>-</del>	02/ // /11	
FFF	3 17 2011		Signature	ن د	02/ // /11	
Check No.	LUII		-		Date	
1	3000		Joseph Ulb			
By:			Print or Type Nam	e	·	
FOR SECRETAR	RY OF STATE USE ONLY		President			
<del></del>	<del>_</del>		Title			
					Form 630 Rev. 08/08	