



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 2012

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 BREAUTL			Vice President Name RACHELLE BREAUTL		
Street Address 180 BROADWAY			Street Address 180 BROADWAY		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name RACHELLE BREAUTL			Treasurer Name EDWARD BREAUTL		
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			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 1,000	Class/Series COMMON	Par Value 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

FEB 02 2012

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 1/27/12
Signature Date

Edward Breault

Print or Type Name

President

Title

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

For the Year: 2012

7. Name and address of Additional Officer:

Pamela Harrigan, Vice President
180 Broadway
Pawtucket, RI 02860