



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>104275</b>		2. Exact name of the Corporation <b>Dean Auto Collision Center, Inc.</b>			
3. Principal office address <b>700 North Main Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	
4. Business Phone No. <b>401-421-4700</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To perform auto body collision repairs, painting and related services</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Angela Badway</b>			Vice-President Name <b>Angela Badway</b>		
Street Address <b>700 North Main Street</b>			Street Address <b>700 North Main Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Betty Ann Palmisciano</b>			Treasurer Name <b>same as above</b>		
Street Address <b>700 North Main Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>None</b>			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.					
100		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.

File Date \_\_\_\_\_

**FILED**

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.

Check No \_\_\_\_\_

By: \_\_\_\_\_

JAN 15 2013

Signature of Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

112650

**Betty Ann Palmisciano**

Print or Type Name of Authorized Representative