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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.	2. Exact name of the Corporation		
688939	National Collision Center, Inc.		
3. Principal office address: 45 Anthony Ave.	City: Providence	State: RI	Zip: 02907
4. Business Phone No.: 401-781-1060	5. State of Incorporation: RI.		
6. Brief description of the character of business conducted in Rhode Island: Autobody Repair			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: David Downes	Vice-President Name: David Downes
Street Address: 54 Samuel Gorton Ave.	Street Address: 54 Samuel Gorton Ave.
City: Warwick State: RI Zip: 02889	City: Warwick State: RI Zip: 02889
Secretary Name: David Downes	Treasurer Name: David Downes
Street Address: 54 Samuel Gorton Ave.	Street Address: 54 Samuel Gorton Ave
City: Warwick State: RI Zip: 02889	City: Warwick State: RI Zip: 02889

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	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) ☐		
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100		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
DEC 09 2015
BY M262888
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File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

David Downes 12/8/15
Signature of Authorized Representative Date

DAVID Downes
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
128745-5-1073508