RI SOS Filing Number: 201699794520 Date: 06/03/2016 4:13 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

RECEIVED
2016 JUN -3 PM 5:12
SECRETARY OF STATE
CORPORATIONS DIV.

Profit Corporation Annual Report for the year: 2015

Filing period: January 1 - March 1
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE**

1. Entity ID Number	2. Exact name of the Corporation		
000074888	Brocks Collision, Inc.		
3. Principal Office Address	City	State	Zip
3066 Post Rd.	Warwick	RI	02886
4. Business Phone Number	5. State of Incorporation		
401-738-3440	Rhode Island		

6. Brief description of the character of business conducted in Rhode Island

To operate an auto body repair business.

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Anthony B. Broccoli	
Street Address: 12 Butler Ave.	Street Address
City: Johnston / State: RI / Zip: 02919	City / State / Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized

This information is currently of record in the Department of State. Changes require an additional filing.

10. Shares Issued — Check box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
o	Stk	$1

11. 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.

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.

Name of Authorized Representative	Date
DAVID A. MACRI	6/3/16

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
4:13
JUN 03 2016
By AC 1041295 C

Form No. 630
Revised: 2016
137711-3-1118787