



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

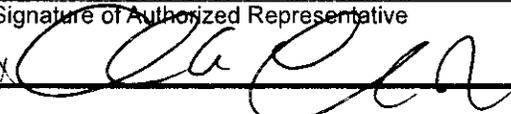
Annual Report for the year: 2016
 Corporation

AMENDED REPORT RECEIVED

DEPARTMENT OF STATE
 CORPORATIONS DIV.

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2016 AUG 26 AM 10:46

1. Entity ID Number 104073		2. Exact name of the Corporation Cumberland Collision, Inc.			
3. Principal Office Address 420 Mendon Road			City Cumberland	State RI	Zip 02864
4. Business Phone Number 401 333 5855			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island to engage in the repair, storage and rental of vehicles					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles A. Lombardi, Jr.			Vice-President Name Charles A. Lombardi, Jr.		
Street Address 239 Abbott Run Valley Road			Street Address 239 Abbott Run Valley Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Charles A. Lombardi, Jr.			Treasurer Name Charles A. Lombardi, Jr.		
Street Address 239 Abbott Run Valley Road			Street Address 239 Abbott Run Valley Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			1000	common	no par value
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. <i>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.</i>					
Name of Authorized Representative Charles A. Lombardi, Jr., President					Date 8/22/16
Signature of Authorized Representative 					SIGN DOCUMENT HERE

10:46 AM
FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

AUG 26 2016

By 



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

