



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

Annual Report for the year: 2017
Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 FEB 23 PM 12: 59

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

1. Entity ID Number <u>688939</u>		2. Exact name of the Corporation <u>National Collision Center, Inc.</u>		
3. Principal Office Address <u>45 Anthony Ave.</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
4. NAICS Code <u>81</u>		6. Brief description of the character of business conducted in Rhode Island <u>Auto Body.</u>		
5. State of Incorporation <u>RI</u>				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name <u>David Downes</u>		Vice-President Name <u>David Downes</u>		
Street Address <u>54 Samuel Norton Ave</u>		Street Address <u>651 Narry. Pky</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Warwick</u>	State <u>RI</u>
Secretary Name <u>David Downes</u>		Treasurer Name <u>David Downes</u>		
Street Address <u>54 Samuel Norton Ave</u>		Street Address <u>651 Narry. Pky</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Warwick</u>	State <u>RI</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name <u>David Downes</u>		Director Name		
Street Address <u>54 Samuel Norton Ave.</u>		Street Address		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		<u>100</u>		
				<u>\$10</u>
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 <u>DAVID DOWNES</u>			Date <u>2/22/17</u>	
Signature of Authorized Representative <u>David Downes</u>				

SIGN DOCUMENT HERE **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

FEB 24 2017

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