



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

Annual Report for the year: 2018
 Corporation

Amended

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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 PH 1:39
 2018 MAY 21

1. Entity ID Number 688939	2. Exact name of the Corporation National Collision Center Inc.		
3. Principal Office Address 45 Anthony Ave.	City Providence	State RI	
4. NAICS Code 81121	6. Brief description of the character of business conducted in Rhode Island Auto Body		
5. State of Incorporation RI			

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Olga Downes			Vice-President Name Olga Downes		
Street Address 651 Narragansett Pky			Street Address 651 Narragansett Pky		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Olga Downes			Treasurer Name Olga Downes		
Street Address 651 Narragansett Pky			Street Address 651 Narragansett Pky		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Olga Downes			Director Name		
Street Address 651 Narragansett Pky			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Director Name			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
		100	10 par value
		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.

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 Olga Downes		Date 5/14/18
Signature of Authorized Representative <i>Olga Downes</i>		

SIGN DOCUMENT HERE

FILED
MAY 21 2018
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

BY *[Signature]*
 FORM 330 - Revised: 10/2017



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:

May 21, 2018 01:39 PM

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

