



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

Annual Report for the year: 2018
Corporation

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

Amended

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

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>
4. NAICS Code <u>811121</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>Olga Downes</u>		Vice-President Name <u>Olga Downes</u>	
Street Address <u>651 Narragansett Pky</u>		Street Address <u>651 Narragansett Pky</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
Secretary Name <u>Olga Downes</u>		Treasurer Name <u>Olga Downes</u>	
Street Address <u>651 Narragansett Pky</u>		Street Address <u>651 Narragansett Pky</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Olga Downes</u>		Director Name	
Street Address <u>651 Narragansett Pky</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	City	State
Zip <u>02888</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>10 par value</u>
Changes require an additional filing.			
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>Olga Downes</u>		Date <u>5/14/18</u>	
Signature of Authorized Representative <u>Olga Downes</u>		SIGN DOCUMENT HERE <u>MAY 21 2018</u>	

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

FILED
MAY 21 2018
BY [Signature]
BY [Signature]