



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

DEC 17 2018
R.I. DEPT. OF STATE
BUSINESS SERVICES DIVISION

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>	Zip <u>02888</u>	City <u>Warwick</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>	Zip <u>02888</u>	City <u>Warwick</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>	Zip <u>02888</u>	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>10 par value</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>Olga Downes</u>		Date <u>12/17/18</u>	
Signature of Authorized Representative <u>Olga Downes</u>		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

DEC 17 2018
BY KL 1498

FORM 630 - Revised: 10/2017