



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.

**FILED**

FEB 28 2019

BY

45371

*[Signature]*

1. Entity ID Number 5339		2. Exact name of the Corporation CROWN COLLISION CENTER, INC.			
3. Principal Office Address 180 Broadway		City Pawtucket		State RI	Zip 02860
4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island  conduct and operation of automobile sales agency and/or business				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name EDWARD BREault		Vice-President Name NONE			
Street Address 180 Broadway		Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name EDWARD BREault		Treasurer Name EDWARD BREault			
Street Address 180 Broadway		Street Address 180 Broadway			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/PRICE	PAR VALUE	
		1,000	common	no par	
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 EDWARD BREault				Date 2-19-19	
Signature of Authorized Representative <i>Edward Breault</i> <span style="float: right;">ON DOCUMENT HERE</span>					

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

FORM 630 - Revised: 10/2016