



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

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SECRETARY OF STATE
CORPORATIONS DIV
2019 OCT 22 AM 10:56

Annual Report for the year: 2019
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>1659650</u>		2. Exact name of the Limited Liability Company <u>Triton Collision Center LLC</u>	
3. NAICS Code <u>811198</u>		4. Brief description of the character of business conducted in Rhode Island <u>Autobody Repair</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>626 Main St</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>George Economou</u>		Contact Title <u>Owen</u>	
Street Address <u>Same</u>		City	State
		Zip	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 Person <u>George Economou</u>		Date <u>10/22/19</u>	
Signature of Authorized Person <u>[Signature]</u>		SIGN DOCUMENT HERE	

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

OCT 22 2019

BY J. MORZZ

FORM 632 - Revised: 10/2017