



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

Annual Report for the year: **2020**  
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 03 2020

BY

0522

*[Signature]*

1. Entity ID Number <b>160466</b>		2. Exact name of the Corporation <b>PRECISION AUTO PAINT &amp; COLLISION, INC.</b>			
3. Principal Office Address <b>46 LOG ROAD</b>			City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>811121</b>		6. Brief description of the character of business conducted in Rhode Island <b>Auto body paint and repair</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOSEPH F SILVA</b>			Vice-President Name <b>JOSEPH F SILVA</b>		
Street Address <b>1B DANIELSON PIKE</b>			Street Address <b>1B DANIELSON PIKE</b>		
City <b>FOSTER</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>FOSTER</b>	State <b>RI</b>	Zip <b>02825</b>
Secretary Name <b>JOSEPH F SILVA</b>			Treasurer Name <b>JOSEPH F SILVA</b>		
Street Address <b>1B DANIELSON PIKE</b>			Street Address <b>1B DANIELSON PIKE</b>		
City <b>FOSTER</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>FOSTER</b>	State <b>RI</b>	Zip <b>02825</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOSEPH F SILVA</b>			Director Name		
Street Address <b>1B DANIELSON PIKE</b>			Street Address		
City <b>FOSTER</b>	State <b>RI</b>	Zip <b>02825</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.			NUMBER OF SHARES		
			CLASS/SERIES		
			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. <b>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.</b>					
Name of Authorized Representative <b>JOSEPH F SILVA</b>					Date <b>1/30/20</b>
Signature of Authorized Representative <i>[Signature]</i> <b>SIGN DOCUMENT HERE</b>					