



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

**FILED**

MAR 05 2020

BY 13155

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.

1. Entity ID Number <b>74422</b>		2. Exact name of the Corporation <b>Coastal Collision &amp; Towing, inc.</b>			
3. Principal Office Address <b>540 Pawtucket Avenue</b>		City <b>Pawtucket</b>		State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>811121</b>		6. Brief description of the character of business conducted in Rhode Island <b>Buying and selling used automobiles and retail; collision repairing, towing services</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>Jimmy Martins</b>			Vice-President Name <b>Dawn Martins</b>		
Street Address <b>540 Pawtucket Avenue</b>			Street Address <b>540 Pawtucket Avenue</b>		
City <b>Pawtucket</b>		State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	
State <b>RI</b>		Zip <b>02860</b>		State <b>RI</b>	
Secretary Name <b>Olivia Martins</b>		Treasurer Name <b>Olivia Martins</b>			
Street Address <b>540 Pawtucket Avenue</b>			Street Address <b>640 Pawtucket Avenue</b>		
City <b>Pawtucket</b>		State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	
State <b>RI</b>		Zip <b>02860</b>		State <b>RI</b>	
Zip <b>02860</b>		Zip <b>02860</b>		Zip <b>02860</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>Jimmy Martins</b>			Director Name		
Street Address <b>540 Pawtucket Avenue</b>			Street Address		
City <b>Pawtucket</b>		State <b>RI</b>	Zip <b>02860</b>	City	
State <b>RI</b>		Zip <b>02860</b>		State	
Zip <b>02860</b>		Zip <b>02860</b>		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/SERIES	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. <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>Jimmy Martins</b>				Date <b>2.26.20</b>	
Signature of Authorized Representative  SEEN BY: _____					

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