



State of Rhode Island  
 Department of State - Business Services Division

**FILED**

OCT 22 2020 TAMP

BY [Signature]

**Annual Report for the year:** 2020  
**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 001034530		2. Exact name of the Limited Liability Company ANGELI'S COLLISION SERVICE, LLC			
3. NAICS Code 811111		4. Brief description of the character of business conducted in Rhode Island Autobody repair			
5. State of Formation Rhode Island					
6. Principal Office Address 274 Putnam Pike		City Glocester	State RI	Zip 02829	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Robert H. Feuti			Contact Title Member		
Street Address 274 Putnam Pike		City Harmony	State RI	Zip 02829	
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	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642					
<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 Person Robert H. Feuti				Date 10/11/2020	
Signature of Authorized Person <u>[Signature]</u>					

**MAIL TO:**  
 Division of Business Services  
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