→ Penalty: Additional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number 2. Exact name of the Corporation ARTIE'S COIIISION CENTER, TWC. 3. Principal Office Address 3. Principal Office Address 3. Principal Office Address 3. Principal Office Address 5. State of incorporation ACT REPAIRS 6. Brief description of the character of business conducted in Rhode Island ACT REPAIRS 6. State of incorporation ACT HUL BOUCHARD Fresident Name ACT HUL BOUCHARD Street Address 3. WELLINGTON AVE. 3. TO State R. I. Zog 10 Street Address 3. TO WELLINGTON AVE. 3. TO State R. I. Zog 10 Street Address 3. TO WELLINGTON AVE. Check the box to indicate an attach	RI SOS Fi	ling Number	: 20218998	6650 E	Date: 2/4/2021	4:00: <u>00 PM</u>		
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tarchians, and that air statements contained herein are true and correct.								
Name of Authorized Representative								
ARTHUR BOUCHARD 1/25/21 Signature of Authorized Representative								

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

Website: www.sos.n gov