State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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 04 2021
BY 875 DS

1. Entity ID Number	2. Exact name of the Corporation		
486426	ARTIE'S COLLISION CENTER, INC.		
3. Principal Office Address	City	State	Zip
372 WELLINGTON AVE	CRANSTON	RI	02910
4. NAICS Code: 441310 ES	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation: RI	AUTO REPAIRS		

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ARTHUR BOUCHARD	ARTHUR BOUCHARD
Street Address: 372 WELLINGTON AVE.	Street Address: 372 WELLINGTON AVE.
City: CRANSTON State: RI Zip: 02910	City: CRANSTON State: RI Zip: 02910
Secretary Name	**Treasurer Name**
ARTHUR BOUCHARD	ARTHUR BOUCHARD
Street Address: 372 WELLINGTON AVE.	Street Address: 372 WELLINGTON AVE.
City: CRANSTON State: RI Zip: 02910	City: CRANSTON State: RI Zip: 02910

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
ARTHUR BOUCHARD.	NONE
Street Address: 372 WELLINGTON AVE.	Street Address:
City: CRANSTON State: RI Zip: 02910	City: State: Zip:
Director Name: NONE	Director Name: NONE.
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	COMMON	.01

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.

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 Representative	Date
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.ri.gov

FORM 630 - Revised: 08/2020