



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.

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1. Entity ID Number 000046177		2. Exact name of the Corporation EAST COAST COLLISION & RESTORATION INC.			
3. Principal Office Address 1310 JEFFERSON BLVD			City WARWICK	State RI	Zip 02886
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name JOSEPH DONATO			Vice-President Name		
Street Address 252 NEW LONDON AVE			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name JOSEPH DONATO			Director Name		
Street Address 252 NEW LONDON AVE			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 100	CLASS/SERIES NPC	PAR VALUE 0.00	
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. <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 Representative JOSEPH DONATO				Date 2/25/21	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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