



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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUN 22 P 12:54

1. Entity ID Number 000095426		2. Exact name of the Corporation CHAMPION COLLISION & SALES, INC.			
3. Principal Office Address 41 CONGRESS STREET		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island REPAIR AND SALES OF AUTOMOBILES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIO AMARAL			Vice-President Name VICTOR ANTONIO		
Street Address 7 MORRILL LANE, UNIT 4			Street Address 26 BRYANT STREET		
City NORTH PROVIDENCE	State RI	Zip 02904	City CUMBERLAND	State RI	Zip 02864
Secretary Name VICTOR ANTONIO			Treasurer Name VICTOR ANTONIO		
Street Address 26 BRYANT STREET			Street Address 26 BRYANT STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name VICTOR ANTONIO			Director Name		
Street Address 26 BRYANT STREET			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			0		0
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 VICTOR J. ANTONIO				Date 6/22/21	
Signature of Authorized Representative 				FILED	

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

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