RI SOS Filing Number: 202199416910 Date: 7/19/2021 4:00:00 PM

CHOICE

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUL 19 P 3:27

1. Entity ID Number	2. Exact name of the Corporation			
000227836	CHOICE COLLISION CENTER, INC.			
3. Principal Office Address		City	State	Zip
125 ERNEST ST		PROVIDENCE	RI	02905
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811120				
5. State of Incorporation				
RI	AUTO BODY REPAIR			

7. List ALL officers (names and addresses)			Check the box to indicate an attachment ☐		
President Name			Vice-President Name		
STEVEN MELO					
Street Address			Street Address		
2 NEW INDUSTRIAL WAY					
City	State	Zip	City	State	Zip
WARREN	RI	02885			
Secretary Name			Treasurer Name		
STEVEN MELO			STEVEN MELO		
Street Address			Street Address		
2 NEW INDUSTRIAL WAY			2 NEW INDUSTRIAL WAY		
City	State	Zip	City	State	Zip
WARREN	RI	02885	WARREN	RI	02885

8. List ALL directors (names and addresses)			Check the box to indicate an attachment ☐		
Director Name			Director Name		
STEVEN MELO					
Street Address			Street Address		
2 NEW INDUSTRIAL WAY					
City	State	Zip	City	State	Zip
WARREN	RI	02885			
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 ☐
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS SERIES	PAR VALUE
Changes require an additional filing.	1000	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
	7/19/21
Signature of Authorized Representative	
STEVEN MELO	

FILED
JUL 19 2021
BY CM 4TQ47
3:27

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

CHOICE

State of Rhode Island

Department of State - Business Services Division

The Department of State tracks the number of new business filings on a quarterly and an annual basis. We are seeking more information from corporations and hope these three voluntary questions will help us better present useful trends and information on the health of our economy.

Entity ID Number:	Name of the Corporation:
000227336	CHOICE COLLISION CENTER, INC.

1. Does the business owner self-identify as any of the following:

- [ ] Woman
- [ ] Veteran
- [ ] Disabled
- [ ] Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2. How many full-time employees does the business have:

- [ ] 0
- [ ] 1-5
- [X] 6-50
- [ ] 51-200
- [ ] 201-500
- [ ] Over 500

3. What are the gross revenues for the business for the past year.

- [ ] $0-$50,000
- [ ] $51,000-$250,000
- [ ] $251,000-$500,000
- [ ] $501,000-$1,000,000
- [X] Over $1,000,000

Please note that all records maintained by or kept on file by the Department of State shall be public records unless exempt from disclosure in accordance with RIGL 38-2 Access to Public Records.

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