



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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BY: 10392
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1. Entity ID Number 001674490		2. Exact name of the Limited Liability Company PEREZ COLLISION CENTER, LLC			
3. NAICS Code 811111		4. Brief description of the character of business conducted in Rhode Island ENGAGE IN THE BODY SHOP BUSINESS AND AUTO REPAIR SERVICE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 59 WEST FRIENDSHIP STREET		City PROVIDENCE		State RI	Zip 02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CARLOS PEREZ		Contact Title MANAGER			
Street Address 120 SASSAFRAS STREET		City PROVIDENCE		State RI	Zip 02907
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment: <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 Person CARLOS PEREZ				Date 08/31/2021	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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