



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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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 NOV 12 PM 1:09

1. Entity ID Number 791937		2. Exact name of the Limited Liability Company 382 COLLISION CENTER LLC	
3. NAICS Code 811111		4. Brief description of the character of business conducted in Rhode Island TO BODY REPAIR	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 382 PAWTUCKET AVENUE		City PAWTUCKET	State RI Zip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name JOSEPH RAHEB		Contact Title ATTORNEY	
Street Address 650 WASHINGTON HWY., SUITE 200		City LINCOLN	State RI Zip 02865
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name NONE		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 MISSAK S. NADJARIAN		Date 10/29/21	
Signature of Authorized Person 			

## 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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BY