State of Rhode Island
Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

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2023 JAN 13 PM 1:24

Annual Report for the year: 2023 2023 JAN 25 PM 1:1

Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
000046177	EAST COAST COLLISION & RESTORATION INC.			
3. Principal Office Address		City	State	Zip
1310 JEFFERSON BLVD		WARWICK	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811121	AUTO BODY REPAIR			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
JOSEPH DONATO					
Street Address			Street Address		
252 NEW LONDON AVE					
City	State	Zip	City	State	Zip
WEST WARWICK	RI	02893			
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			Director Name		
JOSEPH DONATO					
Street Address			Street Address		
252 NEW LONDON AVE					
City	State	Zip	City	State	Zip
WEST WARWICK	RI	02893			
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.	100	NPC	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.

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
JOSEPH DONATO	1/11/23

Signature of Authorized Representative: Joseph Donato

FILED
JAN 25 2023
BY PI6CA
A.A. 1:13pm.

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: 11/2021