



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023
Corporation

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY 15 P 2:22

1. Entity ID Number 000688939	2. Exact name of the Corporation National Collision Center, Inc.
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3. Principal Office Address 45 Anthony Avenue	City Providence	State RI	Zip 02907
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4. NAICS Code 81121	6. Brief description of the character of business conducted in Rhode Island Auto Body Shop
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5. State of Incorporation Rhode Island	
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Diane M Fuller			Vice-President Name Diane M Fuller		
Street Address 565 Smithfield Rd Unit C8			Street Address 565 Smithfield Rd Unit C8		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Diane M Fuller			Treasurer Name Diane M Fuller		
Street Address 565 Smithfield Rd Unit C8			Street Address 565 Smithfield Rd Unit C8		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name Diane M Fuller			Director Name		
Street Address 565 Smithfield Rd Unit C8			Street Address		
City North Providence	State RI	Zip 02904	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

This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VA.	UF
	100	STR		10.00

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 Diane Fuller	Date 5/15/23
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Signature of Authorized Representative Diane Fuller	FILED MAY 15 2023
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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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