



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.		
3. Principal Office Address 45 Anthony Avenue		City Providence	State RI	Zip 02907
4. NAICS Code 81121	6. Brief description of the character of business conducted in Rhode Island Auto Body Shop			
5. State of Incorporation Rhode Island				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
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
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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
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	
Signature of Authorized Representative Diane Fuller			FILED	
			MAY 15 2023	
			BY INZP4	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov