

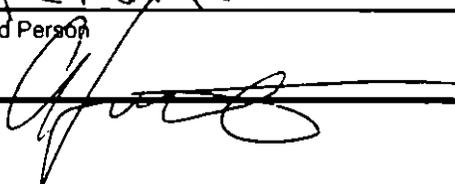


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Limited Liability Company

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

STAMP
FILED
MAY 22 2023
BY 97298131-4

1. Entity ID Number 000979577		2. Exact name of the Limited Liability Company ANTHONY' S COLLISION CENTER LLC		
3. NAICS Code 811120		4. Brief description of the character of business conducted in Rhode Island AUTO REPAIR, RENTAL, AND SALES		
5. State of Formation RHODE ISLAND				
6. Principal Office Address 30 TARA STREET		City JOHNSTON	State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name ANTHONY FERRANTI JR.		Contact Title OWNER		
Street Address 30 TARA STREET		City JOHNSTON	State RI	Zip 02919
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Anthony L Ferranti Jr			Date 5-15-23	
Signature of Authorized Person 				

MAIL TO:
Division of Business Services
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