



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

Annual Report for the year: 2024
Corporation

REC'D RIDG 3SD
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- 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 001733937		2. Exact name of the Corporation Blundell Collision Center LLC	
3. Principal Office Address 50 Blundell St.		City Providence	State R.I.
4. NAICS Code 81111		6. Brief description of the character of business conducted in Rhode Island we are a full licence Auto Body Shop car repair Facility, Lic. to repair auto Body, just all parts, repair & Paint Facility	
5. State of incorporation R.I.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Herman S. Cabral		Vice-President Name Herman S. Cabral	
Street Address 50 Blundell St.		Street Address 50 Blundell St	
City Providence	State R.I.	Zip 02905	City Providence
Secretary Name N/A		Treasurer Name Herman S. Cabral	
Street Address Same Above		Street Address 50 Blundell St	
City —	State —	Zip —	City Prov
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
N/A		N/A	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 1,000	CLASS/SERIES
			PAR VALUE 0
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 Herman S. Cabral			Date 4-23-24
Signature of Authorized Representative			

FILED

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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