



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Corporation

2024

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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 811111		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, install parts, repair & Paint Facility	
5. State of Incorporation R.I.			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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.	City Providence	State R.I.
Secretary Name N/A		Treasurer Name Herman S. Cabral	
Street Address Same Above		Street Address 50 Blundell St.	
City —	State —	City Prov	State R.I.
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 4,000	CLASS/SERIES D
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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BY 012551  
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FORM 630- Revised: 12/2023