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CERTAL CONTACT

Annual Report for the year: 2024 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.

1. Entity ID Number 001674490		2. Exact name of the Limited Liability Company PEREZ COLLISION CENTER, LLC			
3. NAICS Code 811111	•	4. Brief description of the character of business conducted in Rhode Island ENGAGE IN THE BODY SHOP BUSINESS AND AUTO REPAIR SERVICE			
5. State of Formation RHODE ISLAND			•		
6. Principal Office Address 59 WEST FRIENDSHIP STREET		City PROVIDENCE	State RI	Zip 02907	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name CARLOS PEREZ		Contact Title MEMBER			
Street Address 120 SASSAFRAS STREET		City PROVIDENCE	State RI	^{Zip} 02907	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accurate	. Changes requir	e filing Form 642.	
	l declare and affirm that I hav tatements contained herein a	e examined this report, including a re true and correct.	ny accompanyin	g schedules and	
Name of Authorized Person			Date		
CARLOS PEREZ		•	12/01/2023		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov