



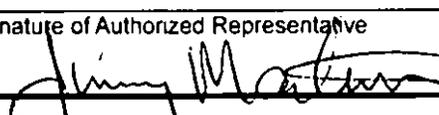
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED *DL*
APR 23 2025
 RECEIVED **STAMP**
 BY 14610 I. DEPT. OF STATE
 BUS SVCS DIVISION

Annual Report for the year: 2024
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2025 APR 23 A 11:16

1. Entity ID Number 74422		2. Exact name of the Corporation Coastal Collision & Towing, Inc.			
3. Principal Office Address 540 Pawtucket Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Buying and selling used automobiles and retail; collision repairing, towing services			
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 Jimmy Martins			Vice-President Name Dawn Martins		
Street Address 540 Pawtucket Avenue			Street Address 540 Pawtucket Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Olivia Martins			Treasurer Name Olivia Martins		
Street Address 540 Pawtucket Avenue			Street Address 540 Pawtucket Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jimmy Martins			Director Name		
Street Address 540 Pawtucket Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 VALUE
			1,000	Common	No Par
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 Jimmy Martins				Date 4.18.25	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		