



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 JUL 14 PM 2:02:43

Annual Report for the year: 2025
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 <u>000974577</u>		2. Exact name of the Limited Liability Company <u>Anthony's Collision Center LLC</u>	
3. NAICS Code <u>81120</u>		4. Brief description of the character of business conducted in Rhode Island <u>Auto Motive</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>2 FOX TAIL DR</u>		City <u>JOHNSTON</u>	State <u>RI</u>
Zip <u>02919</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>OWNER MANAGER</u>		Contact Title <u>ANTHONY L FERRANTI JR</u>	
Street Address <u>2 FOX TAIL DR</u>		City <u>JOHNSTON</u>	State <u>RI</u>
Zip <u>02919</u>			
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 <u>ANTHONY L FERRANTI JR</u>			Date <u>7-14-25</u>
Signature of Authorized Person 			

FILED

JUL 14 2025

BY l2mTS

MAIL TO:
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