R	State of Rhode Island Fee: \$50.0 Office of the Secretary of State	
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
1636	(401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1		
refusing to file its	th R.I.G.L. 7-16-66(d), each limited liability company failing or annual report within thirty (30) days after the time prescribed by 6-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPOR	RT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>	
1. ID No. <u>001</u>	1756447	
2. Exact Name of the Limited Liability Company DETAIL HEADQUARTERS LLC		
3. State of Form	nation	
State: <u>RI</u>		
	NAICS CODE	
-	it NAICS Code that best describes the primary business conducted by the entity. It of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>811198</u>		
4. Brief Descript Island	tion of the Character of the Business Which is Actually Conducted in Rhode	
AUTOMOTIVI	E DETAILING	
5. Principal Offi	ce Address	
No. and Street:	<u>17 INDUSTRIAL DRIVE</u> <u>A-4</u>	
City or Town:	<u>SMITHFIELD</u> State: <u>RI</u> Zip: <u>02917</u> Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: No. and Street:	RICHARD BARNETT Contact Title: PRESIDENT <u>17 INDUSTRIAL DRIVE</u> <u>A-4</u>	
City or Town:	<u>SMITHFIELD</u> State: <u>RI</u> Zip: <u>02917</u> Country: <u>USA</u>	

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

J FONTAINE ACCOUNTING LLC 100 MIDDLE STREET LINCOLN , RI 02865

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of May, 2024 at 12:15:34 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JAMES FONTAINE

Signature of Authorized Person

Form No. 632 Revised 09/07

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