

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 2.	Exact name of the lim	ited liability combany				
	& R Automotives					
3. State of Formation			e business which is actually conducted in R	thoda Island		
RHODE ISLAND	AUTOMOT	TIVE REPAIR	onsiness about a actuary contacted in A	noue isuru		
5. Principal office address			Cipy	State	Zip	
21 SLADE ST			PAWTUCKET	-   (< 1	0286 J	
6. MAILING ADDRESS	OF LIMITED LIA	BILITY COMPANY A	NO NAME OR THER OF CONTA	of Person:	Section 1	
Contact Name			Contact Title			
Street Address  2   SLADE ST			MANAGE	MANAGER  State  PANTUCKET  State  R ( 0286)		
Street Address	· ·	CT	City	State	Zip	
			PAWTUCKET	-	02861	
7. NAME AND ADDRES	S OF EACH MAN	AGER OF THE LIMI	TED LIABELTY COMPANY, IP A	PPLICABLE - DO NO	OT LIST MEMBERS	
	FILL IN	SPACES BEFORE U	SING ATTACHMENTS ('X' LOX	FOR ATTACHMENT)		
Manager Name			Manager Name	Manager Name		
·						
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				İ		
Manager Name		**********************	Manager Name	Manager Name		
			•			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
		and the same of th	a street a security.			
8. RESIDENT AGENT IN	N RHODE ISLANI	DO NOT ALTER-	Changes require filing of Fort	n 642 - R.I.G.L. 7-16	<b>4.1</b>	
Agent Name			Address	Address		
WILLIAM C. DABY						
Address			City	City Zip		
21 SLADE STREET			PAWTUCKET	PAWTUCKET 02861-		
				···		

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

	FILED
File Date  Check No.	SEP 0.6 2007
Ву:	By 3007
	FOR SECRETARY OF STATE USE ONLY

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.

Lillian C De

Print or Type Name of Authorized Person