

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.

## State of Promission   State of Promission   Regional distribution of automotive related services   State of Promission   Regional distribution of automotive related services   State of Promission   Regional distribution of automotive related services   State of Promission   Regional distribution of automotive related services   State of Promission   Regional distribution of automotive related services   State of Promission   Regional distribution of automotive related services   State of Regional distr									
A. Butley description of the character of the husiness which is includify conducted in Rhede Island Regional distribution of automotive related services  5. Precipal affice address 1. Proceed address 1. The process of Limited Liability Company and NAME OR TITLE OF CONTACT PERSON:  Contact Name  Joan Frattarelli  Manager  Contact Title  Manager  Contact Title  Manager  Contact Title  Contact Title  Contact Title  Manager  Contact Title  C				• •					
Rhode Island Regional distribution of automotive related services  5. Principal office address 170 George Washington Highway  5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title  Joan Frattarelli  Manager  Street Address 170 George Washington Highway  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  Joan Frattarelli  Street Address 170 George Washingto Highway  Site of Address 170 George Washington Highway  Street Address 170 George Washington H	152957	Groene	eveld Northeast, LLC						
5. Principal affice address 170 George Washington Highway  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  Joan Frattarelli  Street Address  170 George Washington Highway  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS ("X BOX FOR ATTACHMENT)    Manager Name  Joan Frattarelli  Street Address  170 George Washingto Highway  280  Street Address  170 George Washingto Highway  Street Address  Street Address  Street Address  Street Address  Street Address  City  State  Street Address  City  State  Street Address  Address  Address  Manager Name  Manager	3. State of Formation 4. Brief description of the character of the business wh			ch is actually conducted in Rhode Island					
170 George Washington Highway  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Conduct Title    Conduct Title   Contact Title   Conduct Title   Conduct Title   Contact Title   Citly	Rhode Island		Regional distributior	n of automotive related	services				
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title  Manager  Treat Address  170 George Washington Highway  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)   Manager Name  Joan Frattarelli  Street Address					City	State		Zip	
Contact Name  Joan Frattarelli  Street Address  TO George Washington Highway  TO George Washington Highway  TO Sample Such Address  FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  Street Address  TO George Washingto Highway  Street Address	170 George Washington Highway				Smithfield	RI		02917	
Joan Frattarelli  Street Address 170 George Washington Highway  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)   Manager Name  Joan Frattarelli  Street Address 170 George Washingto Highway  City Smithfield RI  Street Address	i e	SS OF LI	MITED LIABILITY C	COMPANY AND NAME	OR TITLE OF CONTACT PERS	SON:			
Street Address  170 George Washington Highway  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  Manager Name  Joan Frattarelli  Street Address  170 George Washingto Highway  City Smithfield RI  Manager Name  Manager Name  Street Address  Street Address  Street Address  City State  Zip City State Zip					Contact Title				
Smithfield   RI					Manager				
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Manager Name  Joan Frattarelli  Street Address 170 George Washingto Highway  City Smithfield Street Address  City State Zip City State Zip City State Zip Address  City State Zip State Zip Address  City State Zip State Zip Address  City State Zip Zip  State Zip Address  Street Address  City State Zip Zip Zip  Zip Address  Moses Afonso Jackvony, Ltd.	170 George Washington Highway				Smithfield	RI		02917	
170 George Washingto Highway  City Smithfield  RI  O2917  Manager Name  Street Address  Street Address  City State  Zip  Manager Name  Street Address  City State  Zip  City State  Zip  City State  Zip  8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.1.G.L. 7-16-11  Agent Name  Moses Afonso Jackvony, Ltd.  Address  City Zip  Zip	Manager Name	RESS OF			CHMENTS ("X" BOX FOR AT"		OT LIST	MEMBERS	
State RI 02917  Manager Name  Manager Name  Street Address  Street Address  City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name  Moses Afonso Jackvony, Ltd.  City Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zip	Street Address				Street Address				
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City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name Address  Moses Afonso Jackvony, Ltd.  City Zip	Manager Name				Manager Name				
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	Agent Name								
	Address				City	Zip			
	170 Westminster Street, Suite 201				Providence	20000			

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

152957

File Date	FILEV
Check No.	OCT 0 9 2007
<b>B</b> v:	By

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.

Signature of Authorized Person

Print or Type Name of Authorized Person

Joan Frattarelli, Manager