

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.	· · · · · · · · · · · · · · · · · · ·		u combaini				\neg
139542							
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3. State of Formation 4. Brief description of the character of the business wh			•				
Rhode Island TO OPERATE AN AUTOMOTIVE SERV							
5. Principal office address				City	State	Zψ	
79 Princeton Ave.				Warwick	RI	02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name				OR TITLE OF CONTACT PERSON: Contact Title			
Robert Maher				President			
Street Address				City	State	Zip	
79 Princeton Ave.				Warwick	RI	02889	
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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)							
Mayagor Nama				Manager Name			
Manager Name				manager name			
Comp. A. J. Louis				Street Address			
Street Address				Street Address			
			a.		I a	7	
City		State	Zip	City	State	Zip	
				<u> </u>			
Manager Name				Manager Name			
Street Address				Street Address			
SIFECT AGGRESS				siret Autress			
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			
Michael W. Aragao							
Address			City	Zip			
1425 Diamond Hill Rd.				Cumberland	02864		
- 1				<u> </u>		1	

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

139542

File Date	FILED				
Check No.	OCT 1.5 2007				
Ву:	By 3776				
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.

Signature of Authorized Person

Date

Robert Maher, President

Print or Type Name of Authorized Person