

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.

(K.I.U.L. 7-10-00 (DEC))		o a penany jee oj \$20.0							
1. ID No.	2. Exact name of the limited liability company								
142484	LUCIE	EN'S AUTO CENTER, LLC.							
3. State of Formation 4. Brief description of the character of the busine				hich is actually conducted in Rhode Island					
RHODE ISLAND USED CAR AUTOMOBILE REPAIR A) SALES					
5. Principal office address				City	State		Zip		
385 SOUTH MAIN STREET				PROVIDENCE	RI	e alle beri parter	02903		
6. MAILING ADDR	ESS OF L	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT : Contact Title	PERSON;				
ALFRED T. MARCIANO				CPA					
Street Address				City	State		Zip		
18 IMPERIAL PLA	ACE, SU	ITE 1G		PROVIDENCE	RI		02903		
			OF THE TIMETO TIME	ILITY COMPANY, IF APP	TICABLE - DO N	OTIIST	MEMBERS		
民 出贸 连闭铁铁点铁		EACH MANAGER	ES BEFORE USING ATT	ACHMENTS ("X" BOX FO	OR ATTACHMENT)				
				Передорина (передори подражения подражения подражения подражения подражения и подражения и подражения и подраж Манадре Name					
Manuger Name JOHN C. PONTE	•			. Manuager Training					
				Street Address					
Street Address 385 SOUTH MAI	N STRE	ET		Arter ritures					
City PROVIDENCE		State RI	749 02903	Clty	State		Zip		
<u></u>				Manager Name					
Manager Name									
Street Address				Street Address					
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Сиу	7.0.	State	Zip	City	State		Zip		
· .					open on this state, the latest continue to the state	. La valence des vieres en el e	A Commission of the Commission of the		
8. RESIDENT AGE	NT IN RE	ODE ISLAND - DO	NOT ALTER - Change	require filing of Form	642 - R.I.G.L. 7-1	6-11			
Agent Name				Address					
ALFRED T. MAR	RCIANO,	, CPA				1			
Address				City	Zip				
18 IMPERIAL PLACE, SUITE 1G				PROVIDENCE	PROVIDENCE 02903				

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

142484

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Under penalty of perjury, I dec	lare and affirm that I have examined this report,
including any accompanying s	chedules and statements, and that all statements, correct.
contained herein are true and	correct.

Date

Signature of Authorized Person

JOHN C. PONTE

Print or Type Name of Authorized Person