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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 limited liability company		
142484	LUCIEN'S AUTO CENTER, LLC.		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	USED CAR AUTOMOBILE REPAIR AND SALES		
5. Principal office address	City	State	Zip
385 SOUTH MAIN STREET	PROVIDENCE	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
ALFRED T. MARCIANO	CPA		
Street Address	City	State	Zip
18 IMPERIAL PLACE, SUITE 1G	PROVIDENCE	RI	02903

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	Manager Name		
JOHN C. PONTE			
Street Address	Street Address		
385 SOUTH MAIN STREET			
City / State / Zip	City	State	Zip
PROVIDENCE / RI / 02903			
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	Address	
ALFRED T. MARCIANO, CPA		
Address	City	Zip
18 IMPERIAL PLACE, SUITE 1G	PROVIDENCE	02903

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

[redacted] 142484 [redacted]

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*

JOHN C. PONTE

Print or Type Name of Authorized Person

FILED
File Date OCT 29 2007
Check No. 101536 KM
By:
FOR SECRETARY OF STATE USE ONLY

16196-41-199044

Form 632 Rev. 07/07