



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. 151504		2. Exact name of the limited liability company FIRST CHOICE AUTO SALES LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE PURCHASE AND SALE OF USED MOTOR VEHICLES		
5. Principal office address 1586 BROAD ST		City CRANSTON	State RI	Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name RAUL DELA CRUZ		Contact Title OWNER		
Street Address 1586 BROAD ST		City CRANSTON	State RI	Zip 02905
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) <input type="checkbox"/>				
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
Manager Name	Manager Name			Zip
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name RAUL DELA CRUZ		Address		
Address 1586 BROAD STREET		City CRANSTON	Zip 02905-	

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

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 10/30/07 Date
RAUL DELA CRUZ
Print or Type Name of Authorized Person

File Date	FILED
Check No.	NOV 01 2007
By:	BY 02631
FOR SECRETARY OF STATE USE ONLY	