RI SOS Filing Number: 200835864000 Date: 09/26/2008 4:00 PM

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

***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 2008

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
149742	PROVIDENCE AUTO CO. LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
R.I.	USED CAR SALES

5. Principal office address	City	State	Zip
106 ALDRICH ST. PROV. R.I. 02905	PROVIDENCE	R.I.	02905

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

Contact Name	Contact Title
WILLIAM MICHAELS	

Street Address	City	State	Zip
145 MESHANTICUT PKWAY	CRANSTON	R.I.	02920

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
Street Address	Street Address
City / State / Zip	City / State / Zip
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
Address	City / Zip

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

[redacted]

File Date FILED
Check No. SEP 26 2008
By: 15552
By
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statement contained herein are true and correct.

William Michaels 9/25/08
Signature of Authorized Person *Date*

[redacted]

WILLIAM MICHAELS
Print or Type Name of Authorized Person

Form 632 Rev. 07/07

26157-7-287621