



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 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. 144693		2. Exact name of the limited liability company Coutu Auto Service, LLC.			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail Repair of Vehicles			
5. Principal office address 1835 South County Trail		City East Greenwich	State RI	Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael Coutu			Contact Title Owner		
Street Address 212 Lippitt Avenue		City Cranston	State RI	Zip 02921	
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	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 Michael K. Glucksman, Esq.			Address		
Address 109 Airport Road		City Warwick, RI	Zip 02889		

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

FILED

File Date SEP 20 2008

Check No. 41645
By [Signature]

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] 9.22.08
Signature of Authorized Person Date

Michael Coutu

Print or Type Name of Authorized Person