

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.

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1. ID No.	2. Exact name of the limit	I name of the limited liability company							
144693	Coutu Auto	outu Auto Service, LLC.							
3. State of Formation	4. Brief descript	4. Brief description of the character of the business which is actually conducted in Rhode Island							
Rhode Island	Retai	l Repair of Ve	hicles						
5. Principal office address			Сйу	State	Zip				
1835 South County Trail			East Greenwich	RI	02818				
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTACT PE	RSON:					
Contact Name	Name Chael Coutu Idress 2 Lippitt Avenue IE AND ADDRESS OF EACH MANAGER OF THE LIMITE FILL IN SPACES BEFORE USI Name		Contact Title	es montre de la composition de la comp	er maar oor oo belikke ee eer kare krij op 1000 jaar keer krij 18 keer 19 fan 'n beske tre				
Michael Cout	u		Owner	Owner					
Street Address			City	State	Zip				
212 Lippitt	Avenue		Cranston	RI	02921				
7. NAME AND ADDR	ESS OF EACH MANA	GER OF THE LIMITE	D HARILITY COMPANY IS APPLIC	ARTE INC. MOTO					
	FILIN:	SPAÇES BEFORE USI	NG ATTACHMENTS ('X" BOX FOR A	TTACHMENT)	LIST MEMBERS				
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Street Address		Street Address	Street Address						
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City	State	Zip	City	State	Zip				
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Manager Name			Manager Name	Manager Name					
treet Address			Street Address	Street Address					
Niy	State	Zip	City	State	Zip				
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. RESIDENT AGENT	IN RHODE ISLAND -	DO NOT ALTER - CI	hanges require filing of Form 642	R.I.G.L. 7-16-11					
gent Name	01 1 5		Address						
міспает к	. Glucksman, E	3q.							
ddress	wt Dood		City	Zip					
TUS AIrpo	rt koad		Warwick, RI	C	2889				
	109 Airport Road		Warwick, RI	Zip C	02889				

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

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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

Michael Coutu

Print or Type Name of Authorized Person