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

Fee: $50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

| LOGOUT |

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

Help with this form

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.

ANNUAL REPORT YEAR: 2009

1. ID No. 000092866

2. Exact Name of the Limited Liability Company Desmond Auto Body and Sales, LLC.

3. State of Formation

State:

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REPAIR BODY AND MECHANICAL AUTOMOBILES TRUCKS

FILED
SEP 21 2009
By
Ck # 2895

5. Principal Office Address

No. and Street: 69 BATH STREET

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

38385-36-431926

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: PETER D. WHITE Contact
Title:
No. and Street: 69 BATH STREET
City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

First Name: Middle Name: Last Name: Suffix:
Address: City: State: Zip: Country:
Clear Add

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PETER WHITE 69 BATH STREET PROVIDENCE , RI 02908-

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

FILED
SEP 21 2009
By
ID #92866

Filer's Contact Information
(Enter a contact name, mailing address and email.)
Contact Name: PETER D WHITE
Business Name: DESMOND AUTO BODY + SALES LLC
No. and Street: 69 BATH ST - Same Address as -
City or Town: PROVIDENCE State: RI Zip: 02908 Country:
Contact Phone: 944 4451 ext:
Contact Email:
Clear
Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 3 Day of September, 2009 at 11:01:22 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory,*

under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By Peter D White

Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

( ) Accept ( ) Decline

Click HERE to Submit This Information

Form No. 632
Revised 09/07

Help

FILED
SEP 21 2009
By
LD # 92866