



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

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

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. 156277		2. Exact name of the limited liability company BALISE T, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island AUTOMOTIVE-RELATED SERVICES			
5. Principal office address 1400 POST ROAD		City WARWICK		State RI	Zip 02888
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEVEN M. MITUS			Contact Title CFO		
Street Address 1102 RIVERDALE STREET		City WEST SPRINGFIELD		State MA	Zip 01089
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 NONE			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 JOSEPH A. ANESTA			Address		
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908	2009 OCT 21 PM 12:50 RECEIVED SECRETARY OF STATE CORPORATIONS DIV	

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

156277

File Date	10-21-09
Check No.	075014
By:	MME
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 of Authorized Person: Steven M. Mitus Date: 10-12-09
STEVEN M. MITUS, CFO
Print or Type Name of Authorized Person