



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 \_\_\_\_\_

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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.<br>101267                                                                                                                                                                                           |             | 2. Exact name of the limited liability company<br>Giorgio + Sons Auto Sales LLC.                                                          |             |              |     |
| 3. State of Formation<br>R.I.                                                                                                                                                                                 |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Engaged in the selling of used Autos |             |              |     |
| 5. Principal office address<br>559 Killinoly St                                                                                                                                                               |             | City<br>JOHNSTON                                                                                                                          | State<br>RI | Zip<br>02919 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                                           |             |              |     |
| Contact Name<br>Ronald A. Giorgio                                                                                                                                                                             |             | Contact Title<br>Manager                                                                                                                  |             |              |     |
| Street Address<br>559 Killinoly St                                                                                                                                                                            |             | City<br>JOHNSTON                                                                                                                          | State<br>RI | Zip<br>02919 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                                           |             |              |     |
| Manager Name<br>Ronald A Giorgio                                                                                                                                                                              |             | Manager Name                                                                                                                              |             |              |     |
| Street Address<br>76 JACKSONIA Dr                                                                                                                                                                             |             | Street Address                                                                                                                            |             |              |     |
| City<br>No. Prov                                                                                                                                                                                              | State<br>RI | Zip<br>02911                                                                                                                              | City        | State        | Zip |
| Manager Name                                                                                                                                                                                                  |             | Manager Name                                                                                                                              |             |              |     |
| Street Address                                                                                                                                                                                                |             | Street Address                                                                                                                            |             |              |     |
| City                                                                                                                                                                                                          | State       | Zip                                                                                                                                       | City        | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                   |             |                                                                                                                                           |             |              |     |

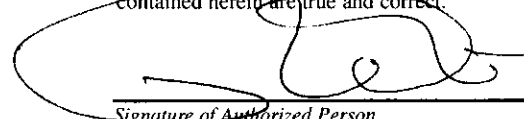
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

|                                 |
|---------------------------------|
| File Date _____                 |
| Check No. _____                 |
| By: _____                       |
| 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 Date 11/20/09  
Ronald A Giorgio  
Print or Type Name of Authorized Person