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A 10	Division Of Busine	ss Services		
	148 W. River			
0	Providence RI 02			
Cretary of Sta	(401) 222-3			
imited Liability Com nnual Report	ірапу			
iling Period: September 1	- November 1			
	. 7-16-66(d), each limited liability co thirty (30) days after the time prescri			
-16-66(b&c)) is subject to				
ANNUAL REPORT YEAR:				
I. ID No. 000485586	5			
	-	D + D		
2. Exact Name of the Li	mited Liability Company Warran	y Support Se	ervices LLC	
3. State of Formation				
State: <u>DE</u> 4. Brief Description of th	e Character of the Business Whi	h is Actually	/ Conducted in	n Rhode Island
State: <u>DE</u> 4. Brief Description of th PROVIDER OF VEHIC	LE SERVICE CONTRACTS	ch is Actually	/ Conducted i	n Rhode Island
State: <u>DE</u> 4. Brief Description of th PROVIDER OF VEHIC 5. Principal Office Addre	LE SERVICE CONTRACTS	h is Actually	/ Conducted i	n Rhode Island
State: <u>DE</u> 4. Brief Description of th PROVIDER OF VEHIC 5. Principal Office Addre No. and Street: <u>6010</u> City or Town: <u>NOR</u>	ELE SERVICE CONTRACTS ess ATLANTIC BOULEVARD CROSS	State: <u>GA</u>	Zip: <u>30071</u>	Country: <u>USA</u>
4. Brief Description of the PROVIDER OF VEHIC 5. Principal Office Addres No. and Street: 6010 J City or Town: NORG 6. Mailing Address of Li Contact Name: KAREN No. and Street: 6010 J City or Town: NORG 6. Mailing Address of Li Contact Name: KAREN No. and Street: 6010 J City or Town: NORG 7. Name and Address of Mailing Address of	ELE SERVICE CONTRACTS ess ATLANTIC BOULEVARD CROSS mited Liability Company and Nar THOMPSON Contact Title: <u>REGUL ATLANTIC BOULEVARD</u> CROSS	State: <u>GA</u> ne or Title of ATORY COM State: <u>GA</u>	Zip: <u>30071</u> Contact Pers IPLAINCE ANA Zip: <u>30071</u>	Country: <u>USA</u> con: ALYST Country: <u>USA</u>
State: <u>DE</u> 4. Brief Description of the PROVIDER OF VEHIC 5. Principal Office Addre No. and Street: <u>6010</u> City or Town: <u>NORO 6. Mailing Address of Li Contact Name: <u>KAREN</u> No. and Street: <u>6010</u> City or Town: <u>NORO 7. Name and Address of DO NOT LIST MEMBE </u></u>	ELE SERVICE CONTRACTS ess ATLANTIC BOULEVARD CROSS mited Liability Company and Nar THOMPSON Contact Title: REGUL ATLANTIC BOULEVARD CROSS F Each Manager of the Limited Liability	State: <u>GA</u> ne or Title of ATORY COM State: <u>GA</u>	Zip: <u>30071</u> Contact Pers IPLAINCE ANA Zip: <u>30071</u> any, if Applica	Country: <u>USA</u> son: ALYST Country: <u>USA</u> able.
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State: <u>DE</u> 4. Brief Description of the PROVIDER OF VEHIC 5. Principal Office Addre No. and Street: <u>6010</u> City or Town: <u>NORO 6. Mailing Address of Li Contact Name: <u>KAREN</u> No. and Street: <u>6010</u> City or Town: <u>NORO 7. Name and Address of DO NOT LIST MEMBE Title </u></u>	ELE SERVICE CONTRACTS ess ATLANTIC BOULEVARD CROSS mited Liability Company and Nar THOMPSON Contact Title: REGUL ATLANTIC BOULEVARD CROSS F Each Manager of the Limited Lia RS Individual Name First, Middle, Last, Suffix	State: <u>GA</u> ne or Title of ATORY COM State: <u>GA</u> ability Compa	Zip: <u>30071</u> Contact Pers IPLAINCE ANA Zip: <u>30071</u> any, if Applica Addres City or Town, State 6010 ATLANTIC E	Country: USA son: ALYST Country: USA able. able. SS e, Zip Code, Country 30ULEVARD 30071 USA

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 9 Day of September, 2010 at 11:36:34 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 JOHN E. LEE Signature of Authorized Person

Form No. 632 Revised 09/07

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