RI SOS Filing Number: 201067094230 Date: 09/10/2010 4:00 PM

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 2010

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.	2. Exact name of the limited liability company		
130729	Arrow Auto Sales, LLC.		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RI	Auto Sales		
5. Principal office address	City	State	Zip
433 Hartford Ave	Prov	RI	02909

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Dennis Zira Sr.	member		
Street Address	City	State	Zip
433 Hartford Ave	Prov	RI	02909

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	Manager Name		
DENNIS ZIRA			
Street Address	Street Address		
716 COOK HILL RD			
City / State / Zip	City	State	Zip
DANIELSON / CT / 06239			
Manager Name	Manager Name		
DENNIS ZIRA JR.			
Street Address	Street Address		
25 GLEN LYNN RD			
City / State / Zip	City	State	Zip
DAYVILLE / CT / 06241			

8. RESIDENT AGENT IN RHODE ISLAND
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

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

[redacted] [redacted]

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* 9/2/10

[redacted] Dennis Zira
Print or Type Name of Authorized Person

File Date 9-10-2010
Check No. 2333
By: mnc

53020-13-514040
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08