



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 2012

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. 000486036		2. Exact name of the limited liability company New Rides Sales & Service, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island used auto sales and service	
5. Principal office address 925 Charles Street		City North Providence	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON			
Contact Name Antar Mardenly		Contact Title	
Street Address 925 Charles Street		City North Providence	State RI
		Zip 02904	
7. NAME AND ADDRESS OF EACH MANAGER OF LIMITED LIABILITY COMPANY TO BE PROVIDED BY ATTORNEY OR REGISTERED PROFESSIONAL SERVICE PROVIDER. FILE IN SPACES BEFORE USING ATTACHMENTS. <input type="checkbox"/> X BOX FOR ATTACHMENT			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	City	State	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	City	State	Zip
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			

FILED

OCT 10 2012

BY 180774

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

000486036

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.

Antar Mardenly 9/29/12
Signature of Authorized Person Date

Antar Mardenly

Print or Type Name of Authorized Person

