



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 OR 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 THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT FASTEN HERE. FILL IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State			State
Zip			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State			State
Zip			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