

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 139542	2. Exact name of the limited liability company  Maher's Automotive, LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island  To operate an automotive repair shop				
Rhode Island			<b>,</b>		
5. Principal office address 40 Whitford Street			Cíty <b>Warwick</b>	State RI	Zip <b>02889</b>
	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	
ontact Name Robert Maher		Contact Title Managing Member			
Street Address 40 Whitford Street			City Warwick	State <b>RI</b>	Zip <b>02889</b>
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	ORESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBE
			· · · · · · · · · · · · · · · · · · ·		
Manager Name			Manager Name	: , , , , , , , , , , , , , , , , , , ,	
			Manager Name Street Address	;	
Street Address	State	Zip		State	Zip
Street Address	•	Zip	Street Address	State	Zip
Manager Name  Street Address  City  Manager Name  Street Address	•	Zip	Street Address  City	State	Zip
Street Address  City  Manager Name  Street Address	•	Zip	Street Address  City  Manager Name	State	Zip Zip
Street Address  City  Manager Name	State		Street Address  City  Manager Name  Street Address		

Under penalty of perjury, I declare and affirm this report, including any accompanying sche and that all statements contained herein are to the statement of th	dules and statements.
Signature of Authorized Person	Date
Robert Waher of.	
Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012