



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
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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. 122056		2. Exact name of the limited liability company JMD AUTOMOTIVE, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island THE PURCHASE, RESTORATION, REPAIR AND RESALE OF MOTOR VEHICLES			
5. Principal office address 87 NEWCOMB STREET		City NORTON	State MA	Zip 02766	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOSEPH MacDERMOTT			Contact Title MANAGER		
Street Address 87 NEWCOMB STREET		City NORTON	State MA	Zip 02766	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name JOSEPH MacDERMOTT			Manager Name		
Street Address 87 NEWCOMB STREET			Street Address		
City NORTON	State MA	Zip 02766	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Form 642.					

File Date _____

Check No _____

By: _____

BY _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JAN 24 2013

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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.

Joseph MacDermott 1/21/13
 Signature of Authorized Person Date

JOSEPH MacDERMOTT

Print or Type Name of Authorized Person