

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 2011

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.		2. Exact name of the limited liability company i-95 INTERLOCK OF RHODE ISLAND, L.L.C.				
506165	1-95 IN I I					
3, State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	LEASING	LEASING OF INTERLOCK DEVICES ONTO VEHICLES OF POTENTIAL INEBRIATES				
5. Principal office address 1415 RT.70, STE 200			City CHERRY HILL	State NJ	Zip 08002	
	MITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:		
Contact Name EVAN M LEVOW			Contact Title MANAGING MEMBER			
Street Address PO BOX 8141			City CHERRY HILL	State NJ	Zip 08002	
. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip 🗃	
B. RESIDENT AGENT IN RHO	DE ISLAND					
his information is currently	of record in the	e Office of the Secr	etary of State. Changes require fill	ing Form 642.		
		FIL FEB 1 BY 52 16	ED 1213 4 2013		Fil 12: 13	
Eli Data			Under pena <u>lty of p</u> erjur		firm that I have examined schedules and statement	
File Date			and that all statements	contained herein	are true and correct.	
			Signature of Authorized F	Person	412/(3 Date	
			EVAN M LEVOW			
FOR SECRETARY OF STATE	E USE ONLY			Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012