



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 2013

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. 561954		2. Exact name of the limited liability company D AND P HOLDING LLC			
3. State of Formation R.I		4. Brief description of the character of business conducted in Rhode Island AUTO REPAIR STATION			
5. Principal office address 517 WARREN AVE		City E-PROVIDENCE	State RI	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PATRICIO PINHO			Contact Title OWNER		
Street Address 517 WARREN AVE		City E-PROV	State RI	Zip 02914	
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 PATRICIO PINHO			Manager Name		
Street Address 83 CALDER ST			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Manager Name DELMA PINHO			Manager Name		
Street Address 83 CALDER ST			Street Address		
City PAWTUCKET	State RI	Zip 02861	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.					

FILED

SEP 10 2013
 BY CU 205433

2013 SEP 10 AM 11:15
 SECRETARY OF STATE
 CORPORATIONS DIV

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.

Patricio Pinho 09/10/13
 Signature of Authorized Person Date
PATRICIO PINHO
 Print or Type Name of Authorized Person

File Date _____
 Check No _____
 By: _____
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