

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 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.

Entity ID No. 2. Exact name of the limited liab	1164		
	OLDING LL	C .	İ
	cter of business conducted in Rhod	o Jolond	
R.I AUTO REPA	IR STATEO		
5. Principal office address 5/7 WARREN AVE	E. FROUIP	ENCO State RI	2ip 02914
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name	NAME OR TITLE OF CONTACT P Contact Title	ERSON:	
PATRICIO PIMO	OUNER		
Street Address 517 WARREW AVE	E-PROV	State R I	02914
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE I ("X" BOX FOR ATTACHMENT)	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO NO	DT LIST MEMBERS
Manager Name PATRICIO PINYO	Manager Name		
Street Address 83 CALDER SY	Street Address		
PAWIUCITET State L Zip 0286	City	State	Zip
Manager Name OFLMA PTN/O	Manager Name		
Street Address 83 CALDEN ST	Street Address		
PAWFUCKET State Zip 0286	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND. This information is currently of record in the Office of the Secre	etary of State, Changes require f	lling Form 642	
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File Date	this report, including a	iry, I declare and affirm any accompanying sch s contailled herein are t	edules and statements,
Check No.	Locks Re	s contained sterent are t	nde and correct.
By:	Signature of Authorized	Person	Date 7
FOR SECRETARY OF STATE USE ONLY	PATRICI	EO PINT	O
Appropriate the sense of property and a sense of the sens	Print or Type Name of A	uthorized Person	<u>"- </u>

Form No. 632 Revised: 01/2012