| State of Rhode Island and Providence Plantations<br>Office of the Secretary of State Fee: 9   Division Of Business Services<br>148 W. River Street<br>Providence RI 02904-2615<br>(401) 222-3040 Fee: 9   Limited Liability Company<br>Annual Report<br>Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing<br>to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-<br>16-66(b&c)) is subject to a penalty fee of \$25.00.   ANNUAL REPORT YEAR: 2013 1. ID No. 000137948 |
|---|
| 148 W. River Street   Providence RI 02904-2615   (401) 222-3040   Limited Liability Company   Annual Report   Filing Period: September 1 - November 1   In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing   to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.   ANNUAL REPORT YEAR: 2013  |
| Limited Liability Company<br>Annual Report   Filing Period: September 1 - November 1   In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing<br>to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-<br>16-66(b&c)) is subject to a penalty fee of \$25.00.   ANNUAL REPORT YEAR: 2013  |
| Annual Report   Filing Period: September 1 - November 1   In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.   ANNUAL REPORT YEAR: 2013  |
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| to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-<br>16-66(b&c)) is subject to a penalty fee of \$25.00.<br>ANNUAL REPORT YEAR: <u>2013</u>   |
|   |
| 1. ID No. <u>000137948</u>  |
|   |
| 2. Exact Name of the Limited Liability Company Auto Body Concepts & Sales, LLC  |
| 3. State of Formation   |
| State: <u>RI</u>  |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islan  |
|   |
| AUTO AND TRUCK SALES (FOR USED VEHICLES)  |
| 5. Principal Office Address   |
| No. and Street: <u>44 TERRY LANE</u>  |
| City or Town: CHEPACHET State: RI Zip: 02814 Country: USA   |
| $\underline{\text{CHEFACHET}} \qquad \text{State.} \underline{\text{M}}  \underline{\text{CP}}  \underline{\text{O2014}}  \underline{\text{Country}}  \underline{\underline{\text{O3A}}}$   |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |
|   |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: <u>GREGORY A. GABEL</u> Contact Title:   No. and Street: <u>44 TERRY LANE</u>  |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: GREGORY A. GABEL Contact Title:   OWNER   No. and Street: 44 TERRY LANE   City or Town: CHEPACHET   State: RI   Zip: 02814   Country: USA  |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: GREGORY A. GABEL Contact Title:   No. and Street: 44 TERRY LANE  |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: GREGORY A. GABEL Contact Title:   No. and Street: 44 TERRY LANE   City or Town: CHEPACHET   State: RI   Zip: 02814   Country: USA  |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: <u>GREGORY A. GABEL</u> Contact Title: <u>OWNER</u> No. and Street: <u>44 TERRY LANE</u> City or Town: <u>CHEPACHET</u> State: <u>RI</u> Zip: <u>02814</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.   DO NOT LIST MEMBERS  |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: <u>GREGORY A. GABEL</u> Contact Title: <u>OWNER</u> No. and Street: <u>44 TERRY LANE</u> City or Town: <u>CHEPACHET</u> State: <u>RI</u> Zip: <u>02814</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS   Title Individual Name Address   First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Count  |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: GREGORY A. GABEL Contact Title: OWNER   No. and Street: 44 TERRY LANE Country: USA   City or Town: CHEPACHET State: RI Zip: 02814 Country: USA   7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address   Title Individual Name Address  |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: GREGORY A. GABEL Contact Title: OWNER   No. and Street: 44 TERRY LANE   City or Town: CHEPACHET State: RI Zip: 02814 Country: USA   7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS   Title Individual Name Address   First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Count   8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: GREGORY A. GABEL Contact Title: OWNER   No. and Street: 44 TERRY LANE OWNER   City or Town: CHEPACHET State: RI Zip: 02814 Country: USA   7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address   Title Individual Name Address   First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Count   8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11                |

**Signed this 11 Day of September, 2013 at 8:32:44 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>GREGORY A. GABEL</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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