



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. <u>733260</u>		2. Exact name of the limited liability company <u>L.A. LIMOUSINE LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Limousine Service</u>			
5. Principal office address <u>30 WILKINSON RD.</u>		City <u>NORTH SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>LOUIS ANTONELLI</u>		Contact Title <u>PRESIDENT</u>			
Street Address <u>30 WILKINSON RD.</u>		City <u>NORTH SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>	
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		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					

FILED ✓

APR 22 2014

BY CR 222794

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 SECRETARY OF STATE
 CORPORATIONS DIV

File Date _____
 Check No _____
 By: _____
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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.

Louis Antonelli 4-21-14
 Signature of Authorized Person Date
LOUIS ANTONELLI
 Print or Type Name of Authorized Person