

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 2014

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. 327614		2. Exact name of the limited liability company Soda Motors Auto Sales, LLC				
RI	State of Formation				de Island		
AND PROPORT STATE USE ONLY Newport RI 02840 Newport RI 02840 Newport RI 02840 Newport Contact Title Of CONTACT PERSON: Contact Title Owner/sole member 0000		ſ					
Contact Title owner/sole member Street Address 85 Rocky Brook Way 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMB ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip DOCT 2 0 2014 BY Under penalty of perjury, I declare and affirm that I have examinating report, including any accompanying schedules and state and that and that all spreaments contained herein are true and correct this report, including any accompanying schedules and state and that and that all spreaments contained herein are true and correct this report, including any accompanying schedules and state and that all spreaments contained herein are true and correct this report, including any accompanying schedules and state and that all spreaments contained herein are true and correct this report, including any accompanying schedules and state and that all spreaments contained herein are true and correct this report, including any accompanying schedules and state and that all spreaments contained herein are true and correct this report, including any accompanying schedules and state and that all spreaments contained herein are true and correct this report, including any accompanying schedules and state and that all spreaments contained herein are true and correct this report, including any accompanying schedules and state and that all spreaments contained herein are true and correct this report, including any accompanying schedules and state and that all spreaments contained herein are true and correct this report, including any accompanying schedules and state and the present this report, including any accompanying schedules and state and the present this report.						Zip 02840	
Street Address Street Address City State Zip 02879 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMB ("X" BOX FOR ATTACHMENT)	6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT I	PERSON:		
### Street Address Street Address Street Address							
Manager Name Street Address St	Street Address 85 Rocky Brook Way			City Wakefield		Zip 02879	
Manager Name Street Address Street Address Street Address City State Zip Manager Name Manager Name Manager Name Street Address Street Address Street Address City State Zip City State Zip State Zip City State Zip DCT 2 0 2014 BY Under penalty of perjury, I declare and affirm that I have exarthis report, impuding any accompanying schedules and state and that all statements contained herein are true and correct Check No By: Signature of Authorized Person Date JOHN R. Patname			PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBERS	
City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip B. 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 OCT 2 0 2014 BY				Manager Name			
Manager Name Street Address Street Address City	Street Address			Street Address			
Street Address City State Zip City State Zip B. 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 OCT 2 0 2014 BY Under penalty of perjury, I declare and affirm that I have examine report including any accompanying schedules and state and that all statements contained herein are true and correct that I have all statements contained herein are true and correct Signature of Authorized Person Date TOR SECRETARY OF STATE USE ONLY	City	State	Zip	City	State	Zip	
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By: Signature of Authorized Person Date JOHN R. PATNAUDE	File Date	· · · · · · · · · · · · · · · · · · ·		this report_including	any accompanying	schedules and statements	
FOR SECRETARY OF STATE USE ONLY JOHN R. PATNAUDE	Check No	 				10-17-14	
FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person		•				Date	
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Form No. 632 Revised: 01/2012