

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. 799197		2. Exact name of the limited liability company A & C Auto Repair, LLC				
3. State of Formation RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island Auto repair shop					
5. Principal office address 15 Reservoir Road, Unit C			City Coventry	State RI	Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND I Contact Name Jason Malbourne			NAME OR TITLE OF CONTACT PERSON: Contact Title Manager			
Street Address 62 Pembroke Lane			City Coventry	State RI	Zip 02816	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
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	
3. RESIDENT AGENT IN RI						
This information is current	tly of record in the	Office of the Seci	retary of State. Changes requir	re filing Form 642.		

OCT 3 1 2014 BY 550

File Date	Under penalty of perjury, I declare and affirm that I have examined this geport, including any accompanying schedules and statements		
	and that all statements contained herein are true and correct.		
Check No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
By:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Jason Malbourne, Print or Type Name of Authorized Person		
FOR SECRETARY OF STATE USE DINLY			

Form No. 632 Revised: 01/2012