

## 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. 156231	2. Exact name of the limited liability company Starlight Limousine and Transportation, LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island     To provide limousine services.					
5. Principal office address 10 Lane Two			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	
6. MAILING ADDRESS OF Contact Name Eric Ouhrabka	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT  Contact Title	PERSON:		
Street Address 10 Lane Two			City Warwick	State RI	Zip <b>02888</b>	
7. LIST <u>ALL</u> MANAGERS ( "X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBER	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
fanager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN RI		055	4044-01	- Gline Form CAD		
This information is curren	tly of record in the	Office of the Seci	etary of State. Changes requir	e illing Form 642.		

36x4

File Date	Under penalty of perjury, I declare and affirm that I have examined this report. Including any avcompanying schedules and statements of the land that all statements go tained herein are true and correct.		
Check No	09/16/201	14	
Ву:	Signature of Artitrorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012