



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. 000560680		2. Exact name of the limited liability company CRUZ AUTO SALES & TIRE REPAIR LLC	
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island AUTO & TIRE, SALE & REPAIR.	
5. Principal office address 316 BAILEY BLVD		City PROVIDENCE	State R.I.
		Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DANIA CRUZ		Contact Title PRESIDENT	
Street Address 17 AMERICA ST		City CRANSTON	State R.I.
		Zip 02920	
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 D.C.		Manager Name	
Street Address		Street Address	
City		City	State
		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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

2:56 pm

NOV 28 2014

BY **237567**

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SECRETARY OF STATE
CORPORATIONS DIV

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

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.

Dania Cruz
Signature of Authorized Person

Date

DANIA CRUZ
Print or Type Name of Authorized Person

11-28-14