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 2015

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.	2. Exact name of the limited liability company		
000853527	**South County Auto, LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	**Vehicle repair**		
5. Principal office address	City	State	Zip
17 Industrial Drive	**Westerly**	**RI**	**02891**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Phillip Allen			
Street Address	City	State	Zip
17 Industrial Drive	**Westerly**	**RI**	**02891**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Mark P Allen	**Phillip Allen**
Street Address	Street Address
635 SW Salerno Road	**28 Seabury Drive**
City / State / Zip	City / State / Zip
Stuart / FL / 34997	**Westerly / RI / 02891**
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.

8:40 AM
FILED
AUG 25 2015
By 255179
KM

RECEIVED
2015 AUG 25 AM 8:38
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.

Signature of Authorized Person — Date 8/14/15

Phillip Allen
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012