

## 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

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## 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 nam	e of the limited liability	company			
667199	Gate	way Auto Sales,	, LLC			
3. State of Formation	4. Brief descr	iption of the character	of business conducted in Rhode Is	sland		
Rhode Island	Auto	sales				
5. Principal office address 54 Oregon Street			City Providence	State RI	Zip <b>02908</b>	
	riante properties	OCHEN NY BURD NA	i Edmini Boata (i Nada)			
Contact Name Michael	Cavallaro	•••	Contact Title Manager			
Street Address 54 Oregon Street			City Providence	State RI	Zip <b>02908</b>	
7. LIST <u>ALL</u> MANAGERS ( ("X" BOX FOR ATTACHI	NAMES AND ADDR	RESSES) OF THE LIM	ITED LIABILITY COMPANY, IF A	는 19일이 아마일 나는 이 얼마를 받는다. 각	OT LIST MEMBERS	
Manager Name Michael Cavallaro			Manager Name			
Street Address 54 Oreg	on Street		Street Address			
City Providence	State RI	Zip <b>02908</b>	City	State	Zip	
Manager Name		······································	Manager Name	<u>'</u>	•	
Street Address			Street Address			
City	State	Zip	City	State	Zip <b>P</b> POT PR	
8. RESIDENT AGENT IN RI	IODE ISLAND				× Σ20Ω	
This information is current	ly of record in the	Office of the Secretar	ry of State. Changes require filin	ng Form 642.	<u> </u>	
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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

Michael Cavallaro

Print or Type Name of Authorized Person