

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. 000799843		ne of the limited liab S CAR CARE, L				
3. State of Formation		Brief description of the character of business conducted in Rhode Island CAR DETAILING				
5. Principal office address 157 BEECHWOOD AVENUE, 3RD FLOOR			City PAWTUCKET	State RI	Zip 02860	
	LIMITED LIABILIT	Y COMPANY AND	NAME OF THE OF CONTACT PE	HSON JES		
Contact Name MIGUEL BOJOLA			Contact Title PRESIDENT	2 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Street Address 157 BEECHWOOD AVENUE, 3RD FLOOR			City PAWTUCKET	State RI	Zip 02860	
7 LISTALL MANAGERS:	(NAMES AND ADD MENT) ^	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LET MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8 RESIDENT AGENT IN R	HODE ISLAND					
This information is curren	tly of record in the	e Office of the Seci	retary of State. Changes require fi	ling Form 642.		

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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

MIGUEL BOJOLA

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012