

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.

| 122056 | JMD AU | TOMOTIVE LIF | | | |
|--|-----------------------|--------------------------|--|---------------------------|-----------------------|
| | | TOMOTIVE, LLC | | | |
| 3. State of Formation | 4. Brief des | cription of the characte | er of business conducted in Rho | de Island | |
| RHODE ISLAND | THE PU | RCHASE, RESTO | RATION, REPAIR AND | RESALE OF MOT | OR VEHICLES |
| 5. Principal office address 87 NEWCOMB STREET | | | City NORTON | State MA | Zip 02766 |
| 6. MAILING ADDRESS OF | F LIMITED LIABILI | TY COMPANY AND N | AME OR TITLE OF CONTACT | PERSON: | Control of the second |
| Contact Name JOSEPH MacDERMOTT | | | Contact Title MANAGER | | |
| Street Address 87 NEWCOMB STREET | | | City NORTON | State MA | Zip 02766 |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | (NAMES AND ADD | PRESSES) OF THE LI | MITED LIABILITY COMPANY, | IF APPLICABLE - <u>DO</u> | NOT LIST MEMBERS |
| Manager Name JOSEPH MacDERMOTT | | | Manager Name | | |
| Street Address 87 NEWCOMB STRI | EET | | Street Address | | |
| City NORTON | State MA | Zip 02766 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN R | RHODE ISLAND | | The second secon | <u> </u> | |
| This information is currer | ntly of record in the | | ary of State. Changes require | filing Form 642. | |

FILED 04 2016

| File Date Check No By: | 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 JOSEPH MacDERMOTT | | |
|---------------------------------|---|--|--|
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Authorized Person | | |

Form No. 632 Revised: 01/2012