



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2014
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>782596</u>		2. Exact name of the Limited Liability Company <u>WAVEDOS Auto Body Clinic</u>			
3. State of Formation <u>R.I</u>		4. Brief description of the character of business conducted in Rhode Island <u>Auto Body Repair</u>			
5. Principal Office Address <u>59 WEST Friend Ship ST</u>		City <u>Providence</u>	State <u>R.I</u>	Zip <u>02907</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Jose Diaz</u>			Contact Title <u>owner</u>		
Street Address <u>59 WEST Friend Ship ST</u>		City <u>Providence</u>	State <u>R.I</u>	Zip <u>02907</u>	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <u>Jose Diaz</u>				Date	
Signature of Authorized Person <u>Jose A Diaz</u>		SIGN DOCUMENT HERE			

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MAIL TO:
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 Website: www.sos.ri.gov