		ecretary of State		
	Division Of B	usiness Services		
148 W. River Street				
Providence RI 02904-2615 (401) 222-3040				
HOPE	(401) 2	22-3040		
imited Liability (	Company			
Annual Report	bor 1 November 1			
ning renou. Septernik				
	I.G.L. 7-16-66(d), each limited liabili t within thirty (30) days after the time			
	t to a penalty fee of \$25.00.			
ANNUAL REPORT Y	EAR: <u>2016</u>			
1. ID No. <u>00011</u>				
2. Exact Name of the Limited Liability Company <u>Tire Centers, LLC</u>				
3. State of Formation	on			
State: DE				
	ARTICL			
Using the following N	IAICS codes, please select the code	e that best describes your business.		
NAICS Code		6 42		
4. Brief Description	of the Character of the Business	Which is Actually Conducted in Rhode Island		
4. Brief Description	of the Character of the Business			
TIRE SALES AND	RELATED SERVICES.			
TIRE SALES AND	RELATED SERVICES.			
<u>TIRE SALES AND</u> 5. Principal Office A	RELATED SERVICES.			
TIRE SALES AND 5. Principal Office A No. and Street: <u>3</u>	RELATED SERVICES.			
TIRE SALES AND         5. Principal Office A         No. and Street:       3         City or Town:       1	RELATED SERVICES. Address 310 INGLESBY PARKWAY DUNCAN	Which is Actually Conducted in Rhode Island         State: SC       Zip: 29334         Country: USA		
TIRE SALES AND         5. Principal Office A         No. and Street:       3         City or Town:       1         6. Mailing Address	RELATED SERVICES.         Address         310 INGLESBY PARKWAY         DUNCAN         of Limited Liability Company and	Which is Actually Conducted in Rhode Island		
TIRE SALES AND         5. Principal Office A         No. and Street:       3         City or Town:       1         6. Mailing Address       0         Contact Name:       Cor	RELATED SERVICES.         Address         310 INGLESBY PARKWAY         DUNCAN         of Limited Liability Company and         ntact Title:	Which is Actually Conducted in Rhode Island         State: SC       Zip: 29334         Country: USA		
TIRE SALES AND         5. Principal Office A         No. and Street:       3         City or Town:       1         6. Mailing Address       0         Contact Name:       Cor         No. and Street:       2	Address Address <u>B10 INGLESBY PARKWAY</u> <u>DUNCAN</u> of Limited Liability Company and ntact Title: <u>PO BOX 218</u>	Which is Actually Conducted in Rhode Island         State: SC       Zip: 29334         Country: USA         Name or Title of Contact Person:		
TIRE SALES AND         5. Principal Office A         No. and Street:       3         City or Town:       1         6. Mailing Address       0         Contact Name:       Cor	RELATED SERVICES.         Address         310 INGLESBY PARKWAY         DUNCAN         of Limited Liability Company and         ntact Title:	Which is Actually Conducted in Rhode Island         State: SC       Zip: 29334         Country: USA         Name or Title of Contact Person:		
TIRE SALES AND         5. Principal Office A         No. and Street:       3         City or Town:       1         6. Mailing Address       6         Contact Name:       Cor         No. and Street:       Cor         Contact Name:       Cor         No. and Street:       City or Town:	RELATED SERVICES.         Address         310 INGLESBY PARKWAY         DUNCAN         of Limited Liability Company and         ntact Title:         PO BOX 218         DUNCAN         State: S         ss of Each Manager of the Limited	Which is Actually Conducted in Rhode Island         State: SC       Zip: 29334         Country: USA         Name or Title of Contact Person:		
TIRE SALES AND         5. Principal Office A         No. and Street:         3         City or Town:         6. Mailing Address         Contact Name:       Cor         No. and Street:         City or Town:	RELATED SERVICES.         Address         310 INGLESBY PARKWAY         DUNCAN         of Limited Liability Company and         ntact Title:         PO BOX 218         DUNCAN         State: S         ss of Each Manager of the Limited	Which is Actually Conducted in Rhode Island         State: SC       Zip: 29334         Country: USA         Name or Title of Contact Person:         C       Zip: 29334         Country: USA		
TIRE SALES AND         5. Principal Office A         No. and Street:         3         City or Town:         6. Mailing Address         Contact Name:       Cor         No. and Street:         City or Town:         7. Name and Addrest         DO NOT LIST ME	Note: Services.         Address         310 INGLESBY PARKWAY         DUNCAN         of Limited Liability Company and         Intact Title:         PO BOX 218         DUNCAN         State: S         ss of Each Manager of the Limited	Which is Actually Conducted in Rhode Island         State: SC       Zip: 29334         Country: USA         Name or Title of Contact Person:         C       Zip: 29334         Country: USA         C         Zip: 29334         Country: USA         C         Zip: 29334         Country: USA         Country: USA         Ed Liability Company, if Applicable.		
TIRE SALES AND         5. Principal Office A         No. and Street:         City or Town:         D         6. Mailing Address         Contact Name:         Contact Name:	RELATED SERVICES.         Address         310 INGLESBY PARKWAY         DUNCAN         of Limited Liability Company and         ntact Title:         PO BOX 218         DUNCAN         State: S         ss of Each Manager of the Limited         MBERS         Individual Name	Which is Actually Conducted in Rhode Island         State: SC       Zip: 29334         Country: USA         A Name or Title of Contact Person:         C       Zip: 29334         Country: USA         C         Zip: 29334         Country: USA         C         Zip: 29334         Country: USA         Address		

		GREENVILLE, SC 29615 USA		
MANAGER	PIERRE LECLEACH	ONE PARKWAY SOUTH GREENVILLE, SC 29615 USA		
MANAGER	JOAN E MARTIN	ONE PARKWAY SOUTH GREENVILLE, SC 29615 USA		
	RHODE ISLAND - DO NOT ALTER g of Form 642 - R.I.G.L. 7-16-11			
CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				
<b>Signed this 16 Day of September, 2016 at 9:11:20 AM by the authorized person.</b> <i>This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.</i>				
By <u>DON BYRD</u> Signature of Authorized Person				
Form No. 632 Revised 09/07				
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