| State of Rhode Island and Providence Plantations  Department of State - Business Services Division  |  |
|---|--|
| Annual Report for the year: <sup>2016</sup><br>Limited Liability Company  |  |
| <ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1.</li> </ul> |  |

| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                                       |  |                      |                      |  |  |
|---|---|---------------------------------------|--|----------------------|----------------------|--|--|
| 138557  | AUTOMOTIVE PARTS SERVICES, LLC  |                                       |  |                      |                      |  |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                                       |  |                      |                      |  |  |
| 54 - Professional, Scientific, and                                  | Auditing and analysis of automotive parts inventory.                        |                                       |  |                      |                      |  |  |
| 5. State of Formation   | 1   |                                       |  |                      | •                    |  |  |
| RHODE ISLAND  |   |                                       |  |                      |                      |  |  |
| 6. Principal Office Address   | <u> </u>  | · · · · · · · · · · · · · · · · · · · | City   | State                | Zip                  |  |  |
| 28 Sherman Avenue   | Sherman Avenue  |                                       |  | RI                   | 02865                |  |  |
| 7. Mailing Address of Limited Lia                                   | bility Comp   | any and Name o                        | or Title of Contact Person                           |                      |                      |  |  |
| Contact Name Robert D. Plasse                                       |   |                                       | Contact Title Memb                                   | Contact Title Member |                      |  |  |
| Street Address 28 Sherman Avenue                                    |   |                                       | City Lincoln   | State RI             | Zip <b>02865</b>     |  |  |
| 8. List ALL managers (names ar                                      | nd addresse   | s) of the Limited                     | Liability Company, IF APPLICAL                       | BLE - DO NOT LIST M  | EMBERS               |  |  |
| Manager Name None.  |   |                                       | Manager Name   | Manager Name         |                      |  |  |
| Street Address  |   |                                       | 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                  |  |  |
|   |   |                                       |  |                      | dicate an attachment |  |  |
| 9. Resident Agent in Rhode Islan                                    |   |                                       |  |                      |                      |  |  |
| Under penalty of perjury, I decl<br>statements, and that all statem | are and affi<br>ents contai   | irm that I have i<br>ned herein are   | examined this report, including<br>true and correct. | g any accompanying   | schedules and        |  |  |
| Name of Authorized Person   |   |                                       | Date   | Date                 |                      |  |  |
| ROBERT D. PLASSE  |   |                                       |  | Septe                | September 🎉, 2016    |  |  |
| Signature of Authorized Person                                      | aff.  | llan                                  | <b>D</b> OCUMENT HERE                                |                      |                      |  |  |

## MAIL TO:

**Division of Business Services**148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

