

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 20/6
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	2. Exact name	of the Limited Li	ability Company		
794221	2. Exact name of the Limited Liability Company HAMILTON AUTO SAIES LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
441120					
5. State of Formation	l Av	TO 5	Ales		
RI	1,,		, _		
6. Principal Office Address	,	·	City	State	Zip
	ON NE		No KINGS TOWN	V RF	02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ARMAND DINOFRIO			Contact Title MEMBER		
10 NOTTINGHAM DR			City HOPE	State	Zio 283/
6. 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	Žip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person PEMANN DINOFRIO				Date 9-	15-16
Signature of Authorized Person Signature of Authorized Person					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

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