	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liabilit		
nnual Report	t ember 1 - November 1	
accordance with	R.I.G.L. 7-16-66(d), each limited liability company failing or refusing	
	port within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
6-66(b&c)) is subj	ject to a penalty fee of \$25.00.	
ANNUAL REPORT	T YEAR: <u>2016</u>	
1. ID No. <u>000</u>	0104912	
2. Exact Name o	of the Limited Liability Company North Providence Auto Salvage, LLC.	,
3. State of Form	nation	
State: <u>RI</u>		
State: <u>RI</u>		
State: <u>RI</u>	ARTICLE III	
	ARTICLE III g NAICS codes, please select the code that best describes your business.	
Using the following	g NAICS codes, please select the code that best describes your business.	
		<u>15</u>
Using the following	g NAICS codes, please select the code that best describes your business.	<u></u>
Using the following	ng NAICS codes, please select the code that best describes your business.	<u></u>
Using the following	ion of the Character of the Business Which is Actually Conducted in Rho	<u></u>
Using the following NAICS Code 4. Brief Description	ion of the Character of the Business Which is Actually Conducted in Rho	<u></u>
Using the following NAICS Code 4. Brief Description	ion of the Character of the Business Which is Actually Conducted in Rho	<u></u>
Using the following NAICS Code 4. Brief Description AUTO SALVAC	In a second seco	<u></u>
Using the following	In a series of the Business Which is Actually Conducted in Reference Address 940 SMITHFIELD ROAD	<u></u>
Using the following NAICS Code 4. Brief Description AUTO SALVAC 5. Principal Office No. and Street: City or Town:	In a second seco	ode Island
Using the following NAICS Code 4. Brief Description AUTO SALVAC 5. Principal Office No. and Street: City or Town: 6. Mailing Addres	ag NAICS codes, please select the code that best describes your business. <u>44-4</u> ion of the Character of the Business Which is Actually Conducted in Rho <u>GE AND PARTS</u> :e Address <u>940 SMITHFIELD ROAD</u> <u>NORTH PROVIDENCE</u> State: <u>RI</u> Zip: <u>02904</u> Counters :ss of Limited Liability Company and Name or Title of Contact Person:	ode Island
Using the following NAICS Code 4. Brief Description AUTO SALVAC 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name:	In a second seco	ode Island
Using the following NAICS Code 4. Brief Description AUTO SALVAC 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: I No. and Street:	In the second se	ode Island
Using the following NAICS Code 4. Brief Description AUTO SALVAC 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: L No. and Street: City or Town:	In the second se	ode Island atry: <u>USA</u>
Using the following NAICS Code 4. Brief Description AUTO SALVAC 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: <u>I</u> No. and Street: City or Town: 7. Name and Add	In the second se	ode Island atry: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

FREDERICK J. BREAULT 940 SMITHFIELD ROAD NORTH PROVIDENCE, RI 02904

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 22 Day of October, 2016 at 10:56:27 AM by the authorized person. *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.*

By <u>FREDRICK BREAULT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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