

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Annual Report for the year: \_\_2016 **Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

1. Entity ID Number

3. NAICS Code

Contact Name

81

793779

5. State of Formation

Rhode Island 6. Principal Office Address

93A Kingstown Road

Joseph L. Catelli

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

ear: <u>20</u> ny I - Noveml	)16 ber 1	OF STATE					
fee if form i	is not filed by Dece	_	<u> </u>				
2. Exact na	ame of the Limited Li	iability Company					
Shore	line Auto Sal	es, LLC					
		acter of business conducted	in Rhode Island				
Auto	o Sales						
		City	State	Zip			
		Richmond	RI	02898			
ility Compa	iny and Name or Titl	le of Contact Person					
	Contact Title Manager						
		City Warwick	State RI	<sup>Zip</sup> 02886			
d addresses	s) of the Limited Liab	oility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS			
		Manager Name None					
		Street Address					
State RI	Zip 02886	City	State	Zip			
		Manager Name None					

Street Address 615 Greenwich Avenue			City Warwick	State RI	<sup>Zip</sup> 02886			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
ManagerName Joseph L. Catelli			Manager Name None					
Street Address 615 Greenwich Avenue			Street Address					
City Warwick	State RI	Zip 02886	City	State	Zip			
Manager Name None			Manager Name None					
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	Siph	CATAL!		Date 11/7//	Date 11/7/16			

SIGN DÒCUMEAT HERE

MAIL TO:

Division of Business Services

Signature of Authorized Person

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

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

FORM 632 - Revised: 08/2016

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