



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 R.I. DEPARTMENT OF STATE
 BUS. SVCS. DIV.

Annual Report for the year: 2013
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 576093		2. Exact name of the Limited Liability Company East Providence Auto Service Center			
3. NAICS Code 48-49		4. Brief description of the character of business conducted in Rhode Island mecanical Repair			
5. State of Formation R.I					
6. Principal Office Address 47 John Street		City East Providence		State RI	Zip 02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Joel De Sousa			Contact Title owner		
Street Address 47 John Street		City East Providence		State RI	Zip 02914
8. 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	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 Joel De Sousa				Date 01/12/16	
Signature of Authorized Person <i>Joel De Sousa</i>				SIGN DOCUMENT 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

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