

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVOS DIV

2016 DEC 12 PM 1: 24

- → 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 Liability Company				
853814	DEMOS AUTO SACES LCC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
44-45	US	ED.	AUTUS		
5. State of Formation					
727					
6. Principal Office Address			City	State	Zip
616 WEST SHONE RD			WARNICK	RI	02888
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Demostrinis Spilitaria			Contact Title our En		
Street Address / WKSHME IN			City CMANSTON	State RX	zip 02521
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	Zir -	City	State	Zip
Manager Namo			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 Date					
Demostranos SPINIDAROS 12-2016					
Signature of Authorized Persen					

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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