



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

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AMENDED

Annual Report for the year: **2016**

Amended

2017 APR 10 PM 2:44

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 1657884		2. Exact name of the Limited Liability Company SVDS, LLC			
3. NAICS Code 11 - Agriculture, Forestry, Fish and Wildlife		4. Brief description of the character of business conducted in Rhode Island Vehicle detailing and storage.			
5. State of Formation Rhode Island					
6. Principal Office Address P. O. Box 473			City Hope	State RI	Zip 02831
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Travis Phillips			Contact Title Member		
Street Address P. O. Box 437			City Hope	State RI	Zip 02831
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name None			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 Travis Phillips				Date <i>April 7, 2017</i>	
Signature of Authorized Person 				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

FILED

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BY *CM 2:44*

FORM 632 - Revised: 02/2017



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

April 10, 2017 02:44 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

