



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

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2017 APR 10 PM 2:44


AMENDED

Annual Report for the year: 2016

Amended

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 Hunting		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

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BY *CM 2:44*