



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

148 W. River Street, Providence, Rhode Island 02904-2615
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Limited Liability Company Annual Report for the year: 2016

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
000161627		High Line Lube, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
CT		Vehicle Fluid Exchange Title: 7-16			
5. Principal Office Address		City	State	Zip	
25 Main Street, 4th Floor		Hartford	CT	06106	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael Agli			Contact Title Controller		
Street Address 25 Main Street, 4th Floor		City Hartford	State CT	Zip 06106	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS.					
Manager Name Michael J. Ferri			Manager Name		
Street Address 25 Main Street, 4th Floor			Street Address		
City Hartford	State CT	Zip 06106	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"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Michael Agli				Date 08/09/2017	
Signature of Authorized Person					

FILED

AUG 15 2017

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