




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

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2017 SEP 14 PM 12:26

Annual Report for the year: 2017
Limited Liability Company

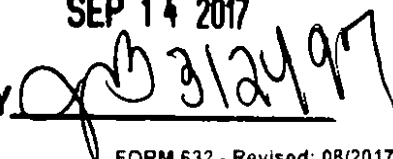
- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000156583		2. Exact name of the Limited Liability Company CLASSIC RESTORATION LEASING, LLC			
3. NAICS Code 532299		4. Brief description of the character of business conducted in Rhode Island LEASING OF ALL TYPES			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 365 CHARLES STREET		City PROVIDENCE		State RI	Zip 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name RICHARD V. SHAPPY		Contact Title PRESIDENT			
Street Address 365 CHARLES STREET		City PROVIDENCE		State RI	Zip 02904
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.					
<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 RICHARD V. SHAPPY				Date 9/11/17	
Signature of Authorized Person 					

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

SEP 14 2017

BY  9/12/17

FORM 632 - Revised: 08/2017