	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	: <u>2017</u>		
1. ID No. <u>00106245</u>	<u>8</u>		
2. Exact Name of the Li	imited Liability Company <u>ADA LI</u>	<u>.C</u>	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	Code that best describes the primary re information on <u>NAICS</u> can be found		ty. Download
<u>811110</u>			
4. Brief Description of th	ne Character of the Business Which	n is Actually Conducted in Rh	ode Island
TIRE MOUNTING SEF			
TIKE MOUNTING SEI	<u>RVICES</u>		
5. Principal Office Addre			
5. Principal Office Addre	ess IOG HOUSE HILL ROAD	State: <u>RI</u> Zip: <u>02822</u> Cou	ntry: <u>USA</u>
5. Principal Office Addre No. and Street: <u>319 H</u> City or Town: <u>EXET</u>	ess IOG HOUSE HILL ROAD		
5. Principal Office Addres   No. and Street: 319 H   City or Town: EXET   6. Mailing Address of Li   Contact Name: Contact   No. and Street: 319 H	ess IOG HOUSE HILL ROAD TER mited Liability Company and Name Title: IOG HOUSE HILL RD	e or Title of Contact Person:	ntry: <u>USA</u>
5. Principal Office Address   No. and Street: 319 H   City or Town: EXET   6. Mailing Address of Li   Contact Name: Contact   No. and Street: 319 H   City or Town: EXET	ess <u>IOG HOUSE HILL ROAD</u> <u>ER</u> mited Liability Company and Name Title: <u>IOG HOUSE HILL RD</u> <u>FER</u> Sta f Each Manager of the Limited Liab	e or Title of Contact Person:	ntry: <u>USA</u>
5. Principal Office Address   No. and Street: 319 H   City or Town: EXET   6. Mailing Address of Li   Contact Name: Contact   No. and Street: 319 H   City or Town: EXET   6. Mailing Address of Li   Contact Name: Contact   No. and Street: 319 H   City or Town: EXET   7. Name and Address of	ess <u>IOG HOUSE HILL ROAD</u> <u>ER</u> mited Liability Company and Name Title: <u>IOG HOUSE HILL RD</u> <u>FER</u> Sta f Each Manager of the Limited Liab	e or Title of Contact Person:	ntry: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KATIE BURNES 319 HOG HOUSE HILL ROAD EXETER, RI 02822

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 23 Day of September, 2017 at 9:32:04 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By AARON DESJARDINS

Signature of Authorized Person

Form No. 632 Revised 09/07

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