RI SOS Filing Number: 201752091870 Date: 10/23/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 2 Exact name of the Limited Liability Company

1 Entity ID Number	2 Exact n	ame of the Limite	ed Liability Company	P		
505230		BONILLA AUTO REPAIR LLC				
3. NAICS Code	4 Brief de	scription of the ch	haracter of business conducted in	n Rhode Island		
01111		GENERAL AUTO REPAIR				
5 State of Formation	1					
RHODE ISLAND						
6 Principal Office Address	1		City	State	Zıp	
211 WEEDEN STREET			PAWTUCKET	RI	02860	
7 Mailing Address of Limited Lia		any and Name or				
Contact Name EUFROSINA PACHECO			Contact Title ACCOUNTA	Contact Title ACCOUNTANT		
Street Address 162 BROAD STREET			City PAWTUCKET	State RI	^{Zıp} 02860	
8 List ALL managers (names a	and addresser	s) of the Limited L	Liability Company, IF APPLICABL	LE - DO NOT LIST I	MEMBERS	
Manage: Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name	-1		Manager Name			
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zıp	
	<u></u>			Check the box to :	ndicate an attachment	
9 Resident Agent in Rhode Isla	rid This inform	nation is currently of	frecord with the Department of State	Changes require filin	g Form 642	
Under penalty of perjury, I dea statements, and that all states	ciare and affi	irm that I have co	xamined this report, including	any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
ARLE BONILLA				10/16/2	10/16/2017	
Signature of Authorized Person						
45			>			
						

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 OCT 2 3 2017 OC