	State of Rhode Island and Pro Office of the Secreta		<b>ONS</b> Fee: \$50.00
	Division Of Business	Services	
148 W. River Street			
	Providence RI 0290		
HOPE	(401) 222-30	40	
Limited Liability Con Annual Report	npany		
Filing Period: September	1 - November 1		
	L. 7-16-66(d), each limited liability comp hin thirty (30) days after the time presc a penalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2018			
1. ID No. <u>000161627</u>			
2. Exact Name of the Limited Liability Company High Line Lube, LLC			
3. State of Formation			
State: <u>CT</u>			
ARTICLE III			
Enter the six disit NAICO Code that has the entered the entered business and wheel business and the entity.			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>811191</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
VEHICLE FLUID EXC	CHANGE		
5. Principal Office Add	ess		
	5 MAIN STREET		
	LOOR 4 ARTFORD State: CT	Zip: <u>06106</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: 25	MAIN STREET		
	<u>OOR 4</u> ARTFORD State: CT	Zip: <u>06106</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	۸ ۸	ldress
	First, Middle, Last, Suffix		, State, Zip Code, Country

MICHAEL J FERRI

MANAGER

25 MAIN STREET, 4TH FLOOR

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EXPRI, LLC 89 FRANKLIN STREET WESTERLY, RI 02891

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

**Signed this 13 Day of August, 2018 at 8:53:06 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 <u>MICHAEL J AGLI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved