

Annual Report for the year: 2018 **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.

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1. Entity ID Number 001678797	· · · · · · · · · · · · · · · · · · ·							
3. NAICS Code 4. Brief description of the charact SALES OF USED TIRES AND A			cter of business conducted in Rhode Island AUTO REPAIR					
5. State of Formation RI								
6. Principal Office Address 1356 BROAD ST			City PROVIDENCE	State RI	Zip 02905			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name JOSE RAMIREZ	,,,,,		Contact Title PRESIDENT					
Street Address 1159 EDDY ST			City PROVIDENCE	State RI	^{Zip} 02905			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name	MBR	mirez	Manager Name					
Street Address Chr	HOUT	Nuc	Street Address					
Transon	SPAI	20251	City	State	Zıp			
Manager Name	_		Manager Name					
Sireel Address			Street Address					
City	State	Zip	City	State	Zıp			
Check the box to indicate an attachment								
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.								
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.								
Name of Authorized Person	Date	Date						
JOSE RAMIREZ					08/14/2018			
Signature of Authorized Person SIGN DOCUMENT HERE								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov