RI SOS Filing Number: 201877880940 Date: 9/20/2018 4:00:00 PM

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

FILED

Annual Report for the year: /8

Limited Liability Company

Filing period: September 1 - November 1

Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not cled by December 1.

<u> </u>						
1. Entity ID Number	2. Exact nar	2. Exact name of the Limited Liability Company HAMILTON AUTO SALE LLC				
194221	HA					
3. NAICS Code	4. Brief des	cription of the chara	acter of business conducted in Rh	hode Island		
441120	I	AUTO SALES				
5. State of Formation		(),,=				
6. Principal Olide Address			City	State	Zıp	
401 ROSTON	J NEC	K PD	N. KINGSTOW	a RI	02-852	
7. Mailing Address of Limited Li	iability Compan	ly and Name or Title	e of Contact Person		<u> </u>	
Contact Name ARMAN DINGRIO			Contact Title MEM BEN	Contact Title MEM BEN		
Street Address 18 No	TTINGE	Han DR	City HOPE	State	ZIP 02831	
8. List ALL managers (names a	and addresses)	of the Limited Liab	pility Company, IF APPLICABLE - I	DO NOT LIST ME	FMRERS	
Manager Name			Manager Name		WOENG	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Ζιρ	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	<u> </u>		Ch	eck the box to indi	licate an attachment	
Resident Agent in Rhode Islan	nd This informat	uon is currently of reco	ord with the Department of State, Cha	acces to miles the E		
statements, and that all statem	clare and alism	n that I have exami	uped this connect in all when	accompanying s	chedules and	
Name of Authorized Person	Λ . —			Date	-/18	
- STRMWIL) Vyn	<u>0</u>		1 4-1	518	
Signature of Authorized Person	for		COMPAN FER			
7	/					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov