, , ,	nd and Providence Plantations if State - Business Serv	rices Division	<u>-</u>					
Annual Report for the Limited Liability Cor → Filing period Septem → Filing Fee: \$50,00 → Penalty: Additional \$2	npany	December 1.	_					
1. Entity ID Number	2. Exact name of the Limited Liability Company							
000853527	South County Auto LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
811100	Vehicle Repairs							
5. State of Formation								
RI								
6. Principal Office Address		City	State	Zip				
17 Industrial Drive		Westerly	RI	02891				

Street Address 17 Industrial Drive			City Westerly	State RI	Zър 02891	
8. List ALL managers (names a	nd addresses)	of the Limited List	ulity Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Maneger Name Phillip Allen			Manager Name			
Street Address 135 Stony Brook Road			Street Address			
City Stonington	Stale CT	Zip 06378	City	State	Zip	
Menager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Z)p	
	٠	_1	_ 	Check the box to	Indicate an attachment	

Contact Title OWNEr

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require fiting Form 842.

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

Contact Name Phillip Allen

Rosemarie A Russo

Signature of Authorized Person

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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

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

OCT 18 2018

FORM 632 - Revised: 10/2017

22 Aug 2018

A. A. 11: 41 Am.