

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 000853527 | | 2. Exact name of the Limited Liability Company South County Auto LLC | | | |
| 3. NAICS Code 811100 | | 4. Brief description of the character of business conducted in Rhode Island Vehicle Repairs | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 17 Industrial Drive | | City Westerly | State RI | Zip 02891 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Phillip Allen | | Contact Title owner | | | |
| Street Address 17 Industrial Drive | | City Westerly | State RI | Zip 02891 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Phillip Allen | | Manager Name | | | |
| Street Address 135 Stony Brook Road | | Street Address | | | |
| City Stonington | State CT | Zip 06378 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing 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 Rosemarie A Russo | | | | Date 22 Aug 2018 | |
| Signature of Authorized Person <i>Rosemarie A Russo</i> TELEPHONIC SIGNATURE | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY *YPIBY7*

A.A. 11:41 A.M.

FORM 632 - Revised: 10/2017