

*R.I. DEPT. OF STATE BUS SVCS DIV

2018 OCT 31 AM II: 54

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
912314	JOHNSTON AUTO SALES LLC.				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
441150	USED CAN BUTO MODILE SALES				
5. State of Formation					
k.I.,					
6. Principal Office Address			City	State	Zıp
33 PUTHAM AUC.			JOHNSTON	K.I.	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name STEUEN RALEIGH			Contact Title PANTいEN		
Street Address 19 Charles ave.			City よっていと	State	Zip
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
Staven RALeigh				10-31-18	
Signature of Authorized Person Student					
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED (1:52)

BY WENKDG