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State of Rhode Island and Providence Plantations

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Department of State - Business Services Division

Department of State - Business Services Division					RECE R.I. DEPT. BUS SV	
Annual Report for the	3 VO3F' 4	2018	•		S SS S	
imited Liability Com		<u> </u>			SVI SVI	
→ Filing period: Septemb		er 1			PA S CS C S CS	
→ Filing Fee: \$50.00					ST S	
→ Penalty: Additional \$25	.00 fee if form is	s not filed by Dec	ember 1.		31E	
Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
327614	50	SODAMOTORS AUTO SAIES 11C				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
441120	<u></u>	TUTU.	SAICS			
5. State of Formation	İ					
RS			<u> </u>	<u> </u>		
6. Principal Office Address	, 11 H.		City	State	Zip	
312 CONN		<del> </del>	NEWPORT	K-J	02840	
7. Mailing Address of Limited Contact Name			itle of Contact Person  Contact Title		<del></del>	
JOHN R. PATNAUPE			City WAYEFIELD State RE Zip 02880			
Street Address POBOY 5608			City WALLEFIELD	State RC	Zip 02880	
8. List ALL managers (name	s and addresses	s) of the Limited Li	iability Company, IF APPLICABLE	- DO NOT LIST N	EMBERS	
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 in	ndicate an attachment	
			record with the Department of State. (	-		
Under penalty of perjury, I statements, and that all st	' declare and afi 'atements conta	firm that I have e: ined herein are t	xamined this report, including a rue and correct.	ny accompanying	g schedules and	
Name of Authorized Person	_	Patna		Date 11.13.19		
Signature of Authorized Per	<del></del>	- 10.70		111		
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	<del></del>	· <u>· · · · · · · · · · · · · · · · · · </u>	E 18-24	2018 RP&M		
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MAIL TO:				RESIN	13:00	
Division of Business Servi 148 W. River Street, Provide		nd 02904-2615	BY	-	-	
Phone: (401) 222 2040			<del>-</del>			