



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

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CORPORATIONS DIV

2018 DEC 31 PM 2:06

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 <u>560680</u>		2. Exact name of the Limited Liability Company <u>CRUZ AUTO & TIRE REPAIR LLC</u>	
3. NAICS Code <u>441120</u>		4. Brief description of the character of business conducted in Rhode Island <u>AUTO SALES & TIRE REPAIR</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>316 BAILEY BLVD</u>		City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02905</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>JOSE ANTONIO CRUZ</u>		Contact Title <u>PRESIDENT</u>	
Street Address <u>37 AMERICA ST</u>		City <u>CRASTON</u>	State <u>RI</u> Zip <u>02920</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>[illegible]</u>		Manager Name	
Street Address <u>[illegible]</u>		Street Address <u>[illegible]</u>	
City <u>[illegible]</u>		City	State Zip
Manager Name <u>[illegible]</u>		Manager Name	
Street Address <u>[illegible]</u>		Street Address	
City <u>[illegible]</u>		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 <u>[Signature]</u>		Date <u>12-31-18</u>	
Signature of Authorized Person			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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