



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
 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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 SECRETARY OF STATE
 CORPORATIONS DIV.
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1. Entity ID Number <u>793956</u>		2. Exact name of the Limited Liability Company <u>New England Dent Removal</u>	
3. NAICS Code <u>811111</u>		4. Brief description of the character of business conducted in Rhode Island <u>Auto Body Repair</u>	
5. State of Formation <u>Rhode Island</u>			
6. Principal Office Address <u>168 Pitman Pike</u>		City <u>Johnston</u>	State <u>RI</u>
		Zip <u>02919</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>William Fallon</u>		Contact Title <u>owner</u>	
Street Address <u>15 Lincoln Drive</u>		City <u>N. Smithfield</u>	State <u>RI</u>
		Zip <u>02896</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>JASON FERRETTI</u>		Manager Name	
Street Address <u>204 Mann School Rd</u>		Street Address	
City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	
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 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>William Fallon</u>		Date <u>2/28/19</u>	
Signature of Authorized Person <u>[Signature]</u>			

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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