STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • ***Filing Fee: $50.00***

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No	2. Exact name of the limited liability company
120227	Porcelli's Auto Center, LLC

3. State of formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	AUTO BODY & REPAIRS

5. Principal office address	City	State	Zip
301 Providence Street	West Warwick	RI	02893

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Richard C. Porcelli	Member

Street Address	City	State	Zip
301 Providence Street	West Warwick	RI	02893

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

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

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address		
RICAHRD A. UPRIGHT, CPA			
Address	City		Zip
315 SOUTH MAIN STREET	COVENTRY		02816-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66

[redacted]

[redacted]

File Date 10/20/05 120227*
Check No 12864
By DA
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Richard Porcelli 10/19/05
Signature of Authorized Person *Date*

Richard C. Porcelli
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No	*2 Exact name of the limited liability company*
120227	Porcelli's Auto Center, LLC

3 State of Formation	*4 Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	Auto Body & Repairs

5 Principal office address	*City*	*State*	*Zip*
301 Providence Street	West Warwick	RI	02893

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Richard C. Porcelli	Member

Street Address	*City*	*State*	*Zip*
301 Providence Street	West Warwick	RI	02893

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE: *FILL IN SPACES BEFORE USING ATTACHMENTS - ("X" BOX FOR ATTACHMENT)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*

Manager Name	*Street Address*	*City*	*State*	*Zip*

Manager Name	*Street Address*	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND *DO NOT ALTER*- **Changes require filing of Form 642 R.I.G.L. 7-16-11**

Agent Name	*Address*	*City*	*Zip*
RICAHRD A. UPRIGHT, CPA	315 SOUTH MAIN STREET	COVENTRY	02816-

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 120227 [redacted]

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.

Richard C Porcelli 5/25/05
Signature of Authorized Person *Date*

[redacted] Richard C. Porcelli
Print or Type Name of Authorized Person

120227 DLLC 05/20/05 12:40:23 PM
File Date 6/1/05
Check No 4136
By: DA
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Secretary of State
Corporations Division
100 North Main Street Providence RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No	2 Exact name of the limited liability company
120227	PORCELLI'S AUTO CENTER, LLC

3 State of Formation	4 Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Automotive repairs and sales

5 Principal office address	City	State	Zip
301½ Providence Street	West Warwick	Rhode Island	02893

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
RICHARD PORCELLI	President

Street Address	City	State	Zip
301½ Providence Street	West Warwick	Rhode Island	02893

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
None	
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
RICHARD PORCELLI	301½ Providence Street

Address	City	Zip
301½ Providence Street	West Warwick, RI	02893

FILED
AUG 15 2003
By [illegible]
C3278A

This report must be signed in ink by an authorized person pursuant to 7-16-66.

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

Richard Porcelli 8/15/03
Signature of Authorized Person *Date*

RICHARD PORCELLI
Print or Type Name of Authorized Person

*File Date*_____
*Check No.*_____
*By:*_____
FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
120227	PORCELLI'S AUTO CENTER, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Automotive repairs and sales

5. Principal office address	City	State	Zip
301½ Providence Street	West Warwick	Rhode Island	02893

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
RICHARD PORCELLI	President

Street Address	City	State	Zip
301½ Providence Street	West Warwick	Rhode Island	02893

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
None				

8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 642, R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
RICHARD PORCELLI	301½ Providence Street	West Warwick, RI	02893

FILED
AUG 15 2003

This report must be signed in ink by an authorized person pursuant to 7-16-66. CINC

C3276A

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.

Richard Porcelli 8/15/03
Signature of Authorized Person *Date*

RICHARD PORCELLI
Print or Type Name of Authorized Person

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02