

Annual Report for the year: -209**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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Entity ID Number	2. Exact name of the Limited Liability Company							
001667577	L Kars n Cuts LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
811111	CAR Services							
5. State of Formation								
6. Principal Office Address			City	State	Zip			
253 Dexter	54		Pawtetet	RI	02860			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Jason Goncalves			Contact Title Manager					
Street Address 253 Dexter 57			Pawroclet	State 7	Zip 09860			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name GONCO VPS			Manager Name ROCHG					
Street Address 253 Dexle(5+			Street Address Doxfer St.					
Pauxicket	State	2ip >860	Fautucket	State 7	0986D			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
			C	heck the box to in	ndicate 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	1			
Tason	Gone	calves.		5/3	30/19			
Signature of Authorized Person SIGN DOCUMENT HERE								

MAIL TO:

Division of Business Services

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

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