



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. <u>137128</u>		2. Exact name of the limited liability company <u>✓ THERIEN'S LLC.</u>	
3. State of Formation <u>✓ R. I.</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>✓ AUTOMOTIVE REPAIR</u>	
5. Principal office address <u>✓ 3585 MENDON RD.</u>		City <u>CUMBERLAND</u>	State <u>RI</u>
		Zip <u>02864</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>✓ RONALD THERIEN</u>		Contact Title <u>✓ PARTNER</u>	
Street Address <u>12 JOYCE ANN DR.</u>		City <u>MANVILLE</u>	State <u>RI</u>
		Zip <u>02838</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <u>None</u>		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 <u>✓ EDWARD THERIEN</u>		Address	
Address <u>3536 MENDON RD</u>		City <u>CUMBERLAND</u>	Zip <u>✓ 02864</u>

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	<u>8/18/06</u>
Check No.	<u>1150</u>
By:	<u>B</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Ronald Therien 8-2-06
Signature of Authorized Person Date
RONALD THERIEN
Print or Type Name of Authorized Person