R.I. DEPT. OF STATE BUS SVCS DIV.

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,

					S m	
1. Entity ID Number 000918025			d Liability Company RVICE LLC		STATE OF THE PROPERTY AND ADDRESS OF THE PARTY	
3. NAICS CODO 444130		Brief description of the character of business conducted in Rhode Island Retall industrial auto equipment parts and services.				
5. State of Formation RI	37 5-04 ;					
8. Principal Office Address	CONTRACTOR OF THE PERSON AND ADDRESS OF THE		City	State	Zip	
634 PLAINFIELD STREET			PROVIDENCE	RI	02909	
7. Mailing Address of Limited	Liability Compa	any and Name or	Title of Contact Person	·····		
Contact Name SEAN R. DOHERTY, ESQ.			Contact Title REGISTERED AGENT			
Street Address 634 PLAINFIELD STREET			City PROVIDENCE	State RI	Zip 02909	
8. List ALL managers (name	s and addresse	s) of the Limited I	Llability Company, IF APPLICAB	LE - DO NOT LIST		
Manager Name			Manager Name			
Street Address			Stroat Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		C. 100 S CO. 100 CO. 1	-0700 -000 000 -000 000 000 000 000 000	Check the box to	Indicate an attachment	
9. Resident Agent in Rhode I	sland. This infor	nation is currently o	f record with the Department of State	e. Changes require fili	ng Form 642.	
Under penalty of perjury, I statements, and that all sta	declare and aff	firm that I have e	xamined this report, including	any accompanyin	g schedules and	
Name of Authorized Person				Date		
ESTABAN CRUZ				08/19/2019		
Signature of Authorized Pers	on C	NUN	FORGUMENT PERS			

MAIL TO:

Division of Business Services

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

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

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