S	tate of Rhode Island and Pr Office of the Secret		: \$50.00	
	Division Of Busine			
	148 W. River Street Providence RI 02904-2615			
HOPE	(401) 222-3			
Limited Liability Com	nany			
Annual Report	party			
Filing Period: September 1	- November 1			
	7-16-66(d), each limited liability cor in thirty (30) days after the time pres penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2019</u>			
1. ID No. <u>000161586</u>	<u>5</u>			
2. Exact Name of the Limited Liability Company <u>DANNY'S AUCTION BARN, LLC</u>				
3. State of Formation				
State: <u>RI</u>				
	ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download				
-	e information on <u>NAICS</u> can be foun			
<u>441120</u>				
4. Brief Description of th	e Character of the Business Whi	h is Actually Conducted in Rhode Isla	nd	
PUBLIC NEW AND US	SED AUTO AUCTION			
5. Principal Office Addre	55			
	NAGWOOD ROAD	a DI 75 02925 Country LICA	\	
City or Town: FOS	TER Stat	e: <u>RI</u> Zip: 02825 Country: <u>USA</u>	<u> </u>	
6. Mailing Address of Lin	nited Liability Company and Nan	ne or Title of Contact Person:		
Contact Name: DAVID MIHAILIDES Contact Title: OWNER				
No. and Street: 153A FOSTER CENTER ROAD City or Town: FOSTER State: RI Zip: 02825 Country: USA				
City of Town. <u>FOST</u>	<u>_N</u>	State. <u>Ki</u> zip. <u>02825</u> Country. <u>0</u>	<u>134</u>	
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Lia	bility Company, if Applicable.		
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Cour	ntry	
MANAGER	DAVID G MIHAILIDES	153A FOSTER CENTER ROAD FOSTER, RI 02825 USA		

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

DAVID G. MIHAILIDES <u>1 SNAGWOOD ROAD</u> FOSTER , <u>RI</u> <u>02825</u>

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

Signed this 25 Day of September, 2019 at 4:36:29 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID G MIHAILIDES

Signature of Authorized Person

Form No. 632 Revised 09/07

 \circledast 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved