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	State of Rhode Island and Pr Office of the Secret		Fee: \$50.00
	Division Of Busines	s Services	
	148 W. River S		
	Providence RI 029		
HOPE	(401) 222-30	)40	
Limited Liability Com	npany		
Annual Report Filing Period: September 1	- November 1		
		and the second second second	
	. 7-16-66(d), each limited liability con in thirty (30) days after the time pres		
16-66(b&c)) is subject to a			
ANNUAL REPORT YEAR:	: <u>2019</u>		
1. ID No. <u>00066497</u>	7		
2. Exact Name of the Li	imited Liability Company <u>Shaw E</u>	nterprises, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes <u>here.</u> Mor	re information on <u>NAICS</u> can be found	d online.	
<u>812990</u>			
	ne Character of the Business Whic	h is Actually Conducted in R	hode Island
4. Brief Description of th	ne Character of the Business Whic	h is Actually Conducted in R	hode Island
4. Brief Description of th	AUTOBODY SUPPLIES	h is Actually Conducted in R	hode Island
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4. Brief Description of the RETAIL STORE FOR A     5. Principal Office Addres     No. and Street: 441 V	AUTOBODY SUPPLIES ess WASHINGTON STREET		hode Island
4. Brief Description of the second strend	AUTOBODY SUPPLIES ess WASHINGTON STREET	State: <u>RI</u> Zip: <u>02816</u> Co	
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4. Brief Description of the         RETAIL STORE FOR A         5. Principal Office Addres         No. and Street:       441 V         City or Town:       COV         6. Mailing Address of Li         Contact Name:       GORDC	AUTOBODY SUPPLIES ess WASHINGTON STREET ENTRY	State: <u>RI</u> Zip: <u>02816</u> Co	
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4. Brief Description of the         RETAIL STORE FOR A         5. Principal Office Addres         No. and Street:       441 V         City or Town:       COV         6. Mailing Address of Li         Contact Name:       GORDC         No. and Street:       441         Contact Name:       GORDC         No. and Street:       441         Contact Name:       GORDC         No. and Street:       441         City or Town:       COV	AUTOBODY SUPPLIES	State: <u>RI</u> Zip: <u>02816</u> Co e or Title of Contact Person: e: <u>RI</u> Zip: <u>02816</u> Cour	untry: <u>USA</u> ntry: <u>USA</u>
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>GORDON A. SHAW</u> <u>441 WASHINGTON STREET</u> <u>COVENTRY</u>, <u>RI</u> <u>02816</u>

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

**Signed this 10 Day of October, 2019 at 2:56:14 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 DONNA SHAW

Signature of Authorized Person

Form No. 632 Revised 09/07

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