RI SOS Filing Number: 201929780620 Date: 12/11/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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2019 DEC 11 PM 3: 16

Annual Report for the year: 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.

Entity ID Number 2. Exact name of the Limited Liability Company					
166 1756	JE Auto Salas 11c				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
441120		car			'
5. State of Formation	0 0 00	Come	5 (10)		
RI					
6. Principal Office Address			City	State	Zip
163 Milveral Spring Ave			Pawticket	RI	07860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Coulante			Contact Title Mananga		
Street Address 79 Atwood Ave			ci Pawtuckit	State RI	Zip 01868
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Victor Roa			Manager Name		
Street Address 78 HOPKINS AUC City-JOHNSton State RI Zip 02519			Street Address		
City JOHNS TON	State RI	Zip 02515	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate 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					
thuardo	GULLAM	4		/2	-10-19
Signature of Authorized Person					
19th					
			· · · · · · · · · · · · · · · · · · ·		

MAIL TO:

Division of Business Services

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

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

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PORM 532 - Revised: 10/2017