

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

CORFORATIONS DIFE

Annual Report for the year: ______ Climited 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				
560680	CRUZ AUTO STIRE REPAIR LLe.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
441120	AUTOSALES & TIRE SALES AND REPAIR				
5. State of Formation	,		.,.	011 00	MAIN
6. Principal Office Address			City	State	Zin
37 AMERICAST			CRANSION	RI	02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DSE AUT. CRUZ			Contact File ESIDENT		
Street Address AMERICHST			CITYPRANSTON	State	200 2920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			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
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					
Jonney JOSE CRUZ 12-27-19					
Signature de la constant de la const					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 27 2019

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