



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 001681130

2. Exact Name of the Limited Liability Company AutoWerks, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

811111

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

AUTOWERKS MANAGES THE PURCHASE, SERVICE AND REPAIRS OF AUTOMOBILES,
BOATS AND
MOTORCYCLES FOR
PRIVATE CLIENTS IN RI

5. Principal Office Address

No. and Street: 64 BLUFF AVE

City or Town: CRANSTON

State: RI

Zip: 02905

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ROBERT MOREAU Contact Title: PRESIDENT

No. and Street: 64 BLUFF AVE

City or Town: CRANSTON

State: RI

Zip: 02905

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	JONI J JOHNSON	64 BLUFF AVENUE CRANSTON, RI 02905 USA
MANAGER	ROBEERT MAURICE MOREAU	64 BLUFF AVE CRANSTON, RI 02905 USA

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

JONI L. JOHNSON 64 BLUFF AVENUE CRANSTON , RI 02905

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

Signed this 21 Day of October, 2020 at 12:57:28 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 ROBERT MOREAU
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2020 State of Rhode Island
All Rights Reserved