	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	treet 04-2615	
HOPE	× /	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000144849</u>			
2. Exact Name of the Limited Liability Company <u>PINTO'S AUTO AND TRUCK REPAIR, 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 the list of codes here. More information on NAICS can be found online.			
<u>811111</u>			
4. Brief Description of th	e Character of the Business Which	n is Actually Conducted	in Rhode Island
AUTOMOTIVE AND T	RUCK REPAIRS		
5. Principal Office Addre	SS		
	OODLAWN AVENUE TUCKET S	tate: <u>RI</u> Zip: <u>02860</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
No. and Street: 62 W	IATO PINTO Contact Title: OODLAWN AVENUE		
City or Town: <u>PAW</u>	TUCKET Sta	ate: <u>RI</u> Zip: <u>02860</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addres	
	First, Middle, Last, Suffix	Address, City or Town, Sta	te, Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

FORTUNATO PINTO 62 WOODLAWN AVENUE PAWTUCKET, RI 02860

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

**Signed this 9 Day of November, 2020 at 2:05:18 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 FORTUNATO PINTO

Signature of Authorized Person

Form No. 632 Revised 09/07

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