|  | State of Rhode<br>Office of the Secreta  |                             | Fee: \$50.00            |
|--|--|-----------------------------|-------------------------|
|  | Division Of Business<br>148 W. River St  |                             |                         |
| Providence RI 02904-2615   |  |                             |                         |
| HOPE   | (401) 222-304  | 40                          |                         |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 1   |  |                             |                         |
|  | 7-16-66(d), each limited liability comp<br>in thirty (30) days after the time presc<br>penalty fee of \$25.00. |                             |                         |
| ANNUAL REPORT YEAR:  | <u>2019</u>  |                             |                         |
| 1. ID No. <u>001683421</u>   |  |                             |                         |
| 2. Exact Name of the Limited Liability Company Mobile Mechanic, LLC  |  |                             |                         |
| 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 <u>here.</u> More information on <u>NAICS</u> can be found online. |  |                             |                         |
| <u>541613</u>  |  |                             |                         |
| 4. Brief Description of th   | e Character of the Business Which  | is Actually Conducte        | d in Rhode Island       |
| MARKETING CONSULTING AND ADVERTISING SERVICES  |  |                             |                         |
| 5. Principal Office Addre  | SS   |                             |                         |
| No. and Street: <u>1 L</u>   | OUISBOURG PL   |                             |                         |
| City or Town: <u>PR</u>  | OVIDENCE State: E  | <u>RI</u> Zip: <u>02909</u> | Country: <u>USA</u>     |
| 6. Mailing Address of Lir  | nited Liability Company and Name   | or Title of Contact P       | erson:                  |
| Contact Name: <u>TYLER SHEPHERD</u> Contact Title: <u>OWNER</u>  |  |                             |                         |
| No. and Street: 1 LOUISBOURG PLACE   City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA  |  |                             |                         |
|  |  |                             |                         |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS  |  |                             |                         |
| Title  | Individual Name  | Addı                        |                         |
|  | First, Middle, Last, Suffix  | Address, City or Town, S    | tate, Zip Code, Country |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER   |  |                             |                         |
|  |  |                             |                         |

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

TYLER SHEPHERD 1 LOUISBOURG PL PROVIDENCE, RI 02909

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

**Signed this 22 Day of December, 2020 at 4:47:28 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 <u>TYLER SHEPHERD</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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