

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

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.**ANNUAL REPORT YEAR:** 2020**1. ID No.** 000156276**2. Exact Name of the Limited Liability Company** BALISE N, 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.441110**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**AUTOMOTIVE-RELATED SERVICES**5. Principal Office Address**No. and Street: 1400 POST ROADCity or Town: WARWICKState: RIZip: 02888Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 122 DOTY CIRCLECity or Town: WEST SPRINGFIELDState: MAZip: 01089Country: USA**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.****DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	BALISE MANAGEMENT, LLC	122 DOTY CIRCLE WEST SPRINGFIELD, MA 01089 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

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

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

Signed this 22 Day of January, 2021 at 1:52:45 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 TIMOTHY INGERSON, MANAGER, BALISE MANAGEMENT, LLC
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 22, 2021 01:52 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

