



State of Rhode Island

Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

 Annual Report for the year: 2020 Amended
 Limited Liability Company

2021 FEB 26 PM 12:16

- Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 1669874		2. Exact name of the Limited Liability Company Premium Car Care, LLC			
3. NAICS Code 811121		4. Brief description of the character of business conducted in Rhode Island Professional auto detailing, Wash, wax polish, interior cleaning. Car detailing.			
5. State of Formation RI					
6. Principal Office Address 3 McKenzie Drive			City Chapack	State RI	Zip 02814
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Maire Bow			Contact Title President / owner		
Street Address 3 McKenzie Drive			City Chapack	State RI	Zip 02814
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. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Maire Bow				Date 2-26-21	
Signature of Authorized Person 					

FILED

FEB 26 2021

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY 12:16

(I just want to change the address)



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:

February 26, 2021 12:16 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

