State of Rhode Island and Providence Plantations **Department of State - Business Services Division** Annual Report for the year: 2020 **Limited Liability Company** → 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 2. Exact name of the Limited Liability Company MUCCOD 4. Brief description of the character of business conducted in Rhode Island Auro Repairs City 02920 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name **Contact Title** CHRISTOPHER HOOPIS li in T 109 AIRPORT ROAD Street Address State Zip **WARWICK, RI 02889** 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 Ζiρ State Zip Manager Name Manager Name Street Address Street Address City State Zip City State Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

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MAIL TO:

Signature of

Division of Business Services

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

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov

Name of Authorized Person