



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**FILED**

MAY 05 2021  
BY *[Signature]*  
STATE  
SECRETARY

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<br><b>152086</b>                                                                                                                                                                        |                    | 2. Exact name of the Limited Liability Company<br><b>PERRY'S AUTOMOTIVE, LLC</b>                  |                          |                    |                     |
| 3. NAICS Code<br><b>811111</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>AUTO REPAIR</b> |                          |                    |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                    |                                                                                                   |                          |                    |                     |
| 6. Principal Office Address<br><b>45 Alden Street</b>                                                                                                                                                       |                    |                                                                                                   | City<br><b>Pawtucket</b> | State<br><b>RI</b> | Zip<br><b>02861</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                   |                          |                    |                     |
| Contact Name<br><b>Antonio Perry</b>                                                                                                                                                                        |                    |                                                                                                   | Contact Title            |                    |                     |
| Street Address<br><b>45 Alden Street</b>                                                                                                                                                                    |                    |                                                                                                   | City<br><b>Pawtucket</b> | State<br><b>RI</b> | Zip<br><b>02861</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                   |                          |                    |                     |
| Manager Name<br><b>Antonio Perry</b>                                                                                                                                                                        |                    |                                                                                                   | Manager Name             |                    |                     |
| Street Address<br><b>45 Alden Street</b>                                                                                                                                                                    |                    |                                                                                                   | Street Address           |                    |                     |
| City<br><b>Pawtucket</b>                                                                                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02861</b>                                                                               | City                     | State              | Zip                 |
| Manager Name                                                                                                                                                                                                |                    |                                                                                                   | Manager Name             |                    |                     |
| Street Address                                                                                                                                                                                              |                    |                                                                                                   | Street Address           |                    |                     |
| City                                                                                                                                                                                                        | State              | Zip                                                                                               | City                     | State              | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                    |                                                                                                   |                          |                    |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                    |                                                                                                   |                          |                    |                     |
| <b>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.</b> |                    |                                                                                                   |                          |                    |                     |
| Name of Authorized Person<br><b>ANTONIO PERRY</b>                                                                                                                                                           |                    |                                                                                                   |                          | Date               |                     |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                        |                    |                                                                                                   |                          | SIGN DOCUMENT HERE |                     |

**MAIL TO:**

**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov