



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001714769

2. Exact Name of the Limited Liability Company Dealers Choice Management Group, LLC

3. State of Formation

State: MI

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.

524128

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ADMINISTRATION OF VEHICLE SERVICE CONTRACTS, GAP AND ANCILLARY PRODUCTS

5. Principal Office Address

No. and Street: 1743 142ND STREET
SUITE 9

City or Town: DORR State: MI Zip: 49323 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: BRANDON COHEN Contact Title: MEMBER

No. and Street: PO BOX 141

City or Town: DORR State: MI Zip: 49323 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	BRANDON COHEN	6371 WAINSCOT DR GRAND RAPIDS , MI 49546 USA
MANAGER	SCOTT COMAR	7307 N. 201ST ST EAST AVE OWASSO, OK 74055 UNI

**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

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

Signed this 16 Day of September, 2021 at 12:50:39 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 BRANDON COHEN
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved