RI SOS Filing Number: 202103814250 Date: 10/21/2021 4:00:00 PM



Department of State - Business Services Division

| Annual Report for the year: | 2021 |
|-----------------------------|------|
| 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.

| OCT 2 1 2021 | نری |
|--------------|-----|
| 7323 | U . |

| Entity ID Number | 2. Exact na | 2. Exact name of the Limited Liability Company | | | | | |
|---|--------------------------------------|---|---|------------------------------|---|--|--|
| 001680730 | Automotiv | Automotive Solutions, LLC | | | | | |
| 3. NAICS Code | 4. Brief de | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 753900 | To provide | To provide any and all automotive related services. | | | | | |
| 5. State of Formation | | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | Zıp | | |
| 540 Long Highway | 10 Long Highway | | | RI | 02837 | | |
| 7. Mailing Address of Limite | | any and Name o | | | • | | |
| Contact Name Joshua R. Holland | | | Contact Title Attorney/Ag | Contact Title Attorney/Agent | | | |
| Street Address 3913 Main Road, Unit E | | City Tiverton | State RI | Zip 02878 | | | |
| 8. List ALL managers (nam | es and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | | |
| Manager Name | | Manager Name | | | | | |
| Street Address | | Street Address | Street Address | | | | |
| City | State | Zip | City | State | Zıp | | |
| Manager Name Manager Nam | | | Manager Name | ате | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zıp | City | State | Zıp | | |
| | | * | | Check the box to | indicate an attachment | | |
| | | | e RI Department of State is acc | | | | |
| Under penalty of perjury, statements, and that all st | l declare and aff tatements conta | īrm that I have ined herein are | examined this report, includir true and correct. | ng any accompanyin | g schedules and | | |
| Name of Authorized Person | | | | Date | 1 1 | | |
| Joshua R. Holland | | | × 10 | 19/201 | | | |
| Signature of Authorized Person | | | | | | | |
| Munici | IMM | | <u></u> | | | | |
| 1 | | | | | | | |

MAIL TO:

Division of Business Services

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

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