



**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. 001711378

2. Exact Name of the Limited Liability Company Ocean State Dent Removal LLC

3. State of Formation

State: RI

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.

811111

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

PAINTLESS DENT REPAIR ENTAILS THE REPAIR OF DINGS AND DENTS IN
AUTOMOBILES WITHOUT THE USE OF
PAINT OR CHEMICALS. THE PROCESS IS CONDUCTED WITH AN ASSORTMENT OF
METAL RODS USED TO PUSH
THE DENT OUT TO BRING THE PANEL BACK TO ITS ORIGINAL STATE.

5. Principal Office Address

No. and Street: 4 EASTGATE DR
City or Town: COVENTRY State: RI Zip: 02816 Country: USA

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

Contact Name: JUSTIN SOUTO Contact Title: OWNER
No. and Street: 4 EASTGATE DR
City or Town: COVENTRY State: RI Zip: 02816 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	JUSTIN ROY SOUTO	4 EASTGATE DR COVENTRY, RI 02816 UNI

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JUSTIN ROY SOUTO 4 EASTGATE DR. COVENTRY , RI 02816

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

Signed this 30 Day of December, 2021 at 2:28:20 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 JUSTIN SOUTO
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved