



State of Rhode Island  
 Department of State - Business Services Division

**FILED**  
**MAR 08 2023** STAMP  
 BY *[Signature]*

Annual Report for the year: 2023  
 Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001739689		2. Exact name of the Limited Liability Company POST ROAD AUTOMOTIVE SERVICE CENTER LLC	
3. NAICS Code <i>531111</i>		4. Brief description of the character of business conducted in Rhode Island COMPLETE AUTO SERVICE	
5. State of Formation RI			
6. Principal Office Address 6541 POST ROAD		City NO KINGSTOWN	State RI
		Zip 02852	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ANTHONY J CATALANO		Contact Title OWNER	
Street Address 55 WESTFIELD DR		City EA GREENWICH	State RI
		Zip 02818	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person ANTHONY J CATALANO		Date <i>3/6/23</i>	
Signature of Authorized Person <i>[Signature]</i>			

**MAIL TO:**  
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