

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: <u>こって</u>2

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.

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| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|--|--|---------------|--------------|--------|--|
| 001739503 | Rinissonce Auto CLC | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 5. State of Formation | NH DID NOT PURCHSE PROPERTY GENERAL AUTOMOTIVE SERVICE | | | | |
| Rhode Bland | Genero | 11 automo | 111C | SCLAIN | |
| 6. Principal Office Address | | l O:A . | State | ZIP | |
| 130 Beverly | RD | Riurside | KI | 02015 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Amy Swsa | | Contact Title | | | |
| Street Address 130 Bevery LD | | Pirrolde | State RE_ | OZG15 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require using Form 642. | | | | | |
| 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. | | | | | |
| Name of Authorized Person | | | | | |
| Alvaro 5005- | | | 5/3/2022 | | |
| Signature of Authorized Person | | | | | |
| | | | | | |
| | | | | | |

FILED

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 632 - Revised: 2/2023