



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

No Fee

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

**Domestic Limited Liability Company
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), 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.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2024

1. ID No. 000913493

2. Exact Name of the Limited Liability Company VOLARE MOTORS, LLC

3. State of Formation

State: RI

NAICS CODE

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.

441120

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

AUTO SALES

5. Principal Office Address

No. and Street: 1003 PARK AVENUE

City or Town: CRANSTON

State: RI

Zip: 02910

Country: USA

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

Contact Name: PAUL STASCAVAGE Contact Title: OWNER

No. and Street: 1003 PARK AVENUE

City or Town: CRANSTON

State: RI

Zip: 02910

Country: USA

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

PAUL STASCAVAGE 1003 PARK AVE CRANSTON , RI 02910

Signed this 5 Day of March, 2024 at 11:50:49 AM 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 PAUL STASCAVAGE
Signature of Authorized Person

Form No. 632
Revised 09/07

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