

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

2024

→ 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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Entity ID Number	2. Exact name of the Limited Lia	bility Company			
1756167	Aper Duto	46C			
3. NAICS Code		ter of business conducted in Rhoo			
441120	Second Hand	vehicle sples			
5. State of Formation					
RI_	4				
6. Principal Office Address	<del></del> -	City	State	Zip	
620 Broad	SL	Providence	21	02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
George Philips		Owner			
- · · · ·		City	State	Zip	
Street Address  57 Lewer	Ave	Trovidence	27	02907	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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			Date	1	
CHEORGE PIL	ORA		G/12	124	
Signature of Authorized Person					
Cath					
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JUN 12 2024 BY 56242

MAIL TO:

**Division of Business Services** 

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

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