RI SOS Filing Number: 202458245240 Date: 7/22/2024 4:00:00 PM



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

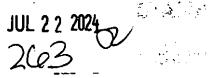
Annual Report for the year: **Limited Liability Company** 

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



| 1. Entity ID Number 1753763                           | 2. Exact name of the Limited Liability Company S & S Auto, LLC   |   |                   |                      |
|---|--|---|-------------------|----------------------|
| 3. NAICS Code<br>441120                               | Brief description of the character of business conducted in Rhode Island     Acquire and dispose of vehicles |   |                   |                      |
| 5. State of Formation                                 |  |   |                   |                      |
| 6. Principal Office Address                           |  | City  | State             | Zip                  |
| 136 Quaker Lane                                       |  | North Scituate                                  | RI                | 02857                |
| 7. Mailing Address of Limite                          | d Liability Company and Name or T  | itle of Contact Person                          | <u>_</u>          |                      |
| Contact Name Sean Terpening                           |  | Contact Title Manager                           |                   |                      |
| Street dress 136 Quaker Lane                          |  | City North Scituate                             | State RI          | <sup>Zip</sup> 02857 |
| 8. The Resident Agent infor                           | mation currently of record with the f  | RI Department of State is accurate              | e. Changes requir | e filing Form 642.   |
| 9. Under penalty of perjur statements, and that all s | y, I declare and affirm that I have latements contained herein are tr  | examined this report, including ue and correct. | g any accompany   | ring schedules and   |
| Name of Authorized Person                             |  |   | Date              |                      |
| Sean Terpening  |  |   | 7/17/24           |                      |
| Signature of Authorized Per                           | son  |   |                   |                      |

**Division of Business Services** 

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

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