

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 **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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Entity ID Number	2. Exact name of the Limited Liability Company				
001757776	Donald Auto Repair LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
811111	AUTO REPAIR				
5. State of Formation	7				
RI					
6. Principal Office Address	<u></u>	City	State	Zip	
15 FARMINGTON AVENUE		PROVIDENCE	RI	02909	
7. Mailing Address of Limited L	iability Company and Name or Titl	e of Contact Person			
Contact Name DONALD FUNES		Contact Title OWNER			
Street Address 9 FALMOUNT STREET		City JOHNSTON	State RI	^{Zip} 02919	
8. The Resident Agent informa	tion currently of record with the RI	Department of State is accurate	e. Changes require	e filing Form 642.	
	declare and affirm that I have e ements contained herein are tru		any accompany	ring schedules and	
Name of Authorized Person		Date	Date		
DONALD FUNES			8/20/2024		
Signature of Authorized Perso	d Da				

FILED

AUG 2 0 2024

MAIL TO:

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