

## State of Rhode Island

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

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Annual Report for the year:	2022
Limited Liability Company	<del>-                                    </del>

-> 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	ability Company	•••			
001040705	Fairlawn	Auto Sales	4 TOCC	h LLC		
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
811198						
5. State of Formation	Auto Rep	Out				
RI	11010 001					
6. Principal Office Address		City	State	Zip		
524 Weede	en st	Pawteket	PI	058100		
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person				
Contact Name		Contact Title				
Jason H	zytins_	owner				
Street Address 504 Weedo	n ot	Pautukat	State 2	<sup>zi</sup> 02800		
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		
Jason M	artins		10/18	12024		
Signature of Authorized Person						

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - R. (assa): 12/10/3