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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

→ 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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SECREJARY (V. CO.) USE ODA J.S.	٠,

1. Entity ID Number	2. Exact name of the Limited Lie	ability Company		.	
001772493	GALVA AUTO		opy SHOP V	LC	
3. NAICS Code	4. Brief description of the chara	cter of business conducte	d in Rhode Island		
81111					
5. State of Formation	. 1	1 . 0			
RI	AUTO REF	HiK			
6. Principal Office Address	· · · · · ·	City	State	Zip	
43DYERVILL		TOARSTON	/ KI	02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title	-1		
VICENTE G	ALVA	OW.	EH		
43 DYERVI	LIEAV	HOB15/0	n RI	32919	
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 SEENTE	BALVA		Date 1/2 1	/25	
Signature of Authorized Person	LA PHO				

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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BY 4NKTC

FORM 632 Revised: 12/2023