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State of Rhode Island -

Department of State - Business Services Division

Annual Report for the year: **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.

Entity ID Number	2. Exact name of the Limited Liability Company			
000 794221	HAMILTON AUTO SAIES LLC			
3. NAICS Code 441120	4. Brief description of the character of business conducted in Rhode Island AUTO SAIES			
5. State of Formation				
6. Principal Office Address 901 50510N NECH RD		No HINGS bear	State	21p 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
ARMAN DINOFRIO		Contact Title OWNER - MEMBER		
Street Address NOTTING Hom DA		City HOPE	State	8285/
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 ACHAD DINOFNIO Date 1-21-25				
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