RI SOS Filing Number: 202572596990 Date: 4/30/2025 4:00:00 PM



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

FILED STAMP APR 3 0 2025

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.

| (OBA) | BY_ | 1264 |   |
|-------|-----|------|---|
| \     |     |      | _ |

| Entity ID Number  | 2. Exact name of the Limited Liability Company                           |                       |           |                      |  |  |  |
|---|--|-----------------------|-----------|----------------------|--|--|--|
| 000486705   | American Automotive Research, LLC  |                       |           |                      |  |  |  |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |                       |           |                      |  |  |  |
| 531120  | Leasing  |                       |           |                      |  |  |  |
| 5. State of Formation   | 1  |                       |           |                      |  |  |  |
| RI  |  |                       |           |                      |  |  |  |
| 6. Principal Office Address   | <u> </u>   | City                  | State     | Zip                  |  |  |  |
| 65 Foliage Drive  |  | North Kingstown       | RI        | 02852                |  |  |  |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |                       |           |                      |  |  |  |
| Contact Name<br>Lee R. Mancini  |  | Contact Title Manager |           |                      |  |  |  |
| Street Address 14 Church Street   |  | City Oxford           | State MA  | <sup>Zip</sup> 01540 |  |  |  |
| 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      |                      |  |  |  |
| Lee R. Mancini  |  |                       | 4/27/2025 |                      |  |  |  |
| Signature of Authorized Person  Benthere  Lee R. Mancuri  |  |                       |           |                      |  |  |  |

MAIL TO:

**Division of Business Services** 

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