

State of Rhode Island

Department of State - Business Services Division

2025

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.

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1. Entity ID Number	2 Evact name of the Limiter	d Lighility Company		
505230	2. Exact name of the Limited Liability Company BONILLA AUTO REPAIR LLC			
3. NAICS Code 811111	Brief description of the character of business conducted in Rhode Island General Auto Repair			
011111	Cericial Auto Repair			
5. State of Formation				
Rhode Island	į			
6. Principal Office Address		City	State	Zip
887 Charles Street		North Providence	RI	02904
7. Mailing Address of Limited	d Liability Company and Name or	Title of Contact Person	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Contact Name Arlex Bonilla		Contact Title President		
Street Address 6 Edwards Street		City North Providence	State RI	^{Zip} 02904
8. The Resident Agent inform	nation currently of record with the	RI Department of State is accurate.	Changes requin	e filing Form 642.
9. Under penalty of perjury	, I declare and affirm that I have	e examined this report, including a		
	atements contained herein are t	true and correct.		
Name of Authorized Person	BONI//A		6/2/34	
Signature of Authorized Pers	son , //			· _ · · · · · · · · · · · · · · · · · ·
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MAIL TO:

Division of Business Services

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