



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106321		2. Exact name of the limited liability company VERDANT AUTO WASH, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CAR WASH			
5. Principal office address 985 NORTH MAIN STREET		City PROVIDENCE	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BENVINDO ROCHA		Contact Title MEMBER/MANAGER			
Street Address 985 NORTH MAIN STREET		City PROVIDENCE	State RI	Zip 02906-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name BENVINDO ROCHA		Manager Name .			
Street Address 877 MINERAL SPRING AVENUE		Street Address .			
City PAWTUCKET	State RI	Zip 02860	City .	State .	Zip .
Manager Name .....		Manager Name .....			
Street Address .		Street Address .			
City .	State .	Zip .	City .	State .	Zip .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID DIPALMA, ESQ.			Address 138 WARREN AVENUE		
Address .			City EAST PROVIDENCE	Zip 02914	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 0 6 3 2 1

\*106321 DLLC 09/27/04 12:50:54 PM\*

File Date 11/4/04

Check No. 5958

By: WR

FOR SECRETARY OF STATE USE ONLY

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.

Benvindo Rocha 10-6-04  
Signature of Authorized Person Date

BENVINDO ROCHA  
Print or Type Name of Authorized Person