State of Rhode Island and Providence Plantations Office of the Secretary of State       Fer: \$50.00         Division Of Business Services 148 W. River Street Providence RI 02004-2615 (401) 222-3040       Secretary of State         Childee Liability Company Annual Report       Secretary of State       Secretary of State         Providence RI 02004-2615 (401) 222-3040       Secretary of State       Secretary of State         Providence with RI GL 7-16-68(d), each limited liability company failing or refusing 0 fiel is annual report within thirty (30) days after the proscribed by law (R1.6.1.7.       Secretary of State         ANNUAL REPORT YEAR: 2017       1       ID No.       001658744         State of Formation State: RI       State of Formation       Secretary of State         State: RI       ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes bare, More information on MAICS can be found online.         SH1111       Article III         A Brief Description of the Character of the Business Which is Actually Conducted In Rhode Island the list of codes bare: More information on MAICS can be found online.         SH1111       A Brief Description of the Character of the Business Which is Actually Conducted In Rhode Island the list of contast Iter.         Automotified Address Of Town:       MIDDLETOWN       State: RI       Zip: 02842       Country: USA         A dining Address of Limited Liabilit					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Pilling Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to the ite annual report with initity (20) days after the time presented by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No. 001658744         2. Exact Name of the Limited Liability Company ISLAND AUTO REPAIR & DETAILING, LLC         3. State of Formation State: RI         ARTICLE II         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         811111         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island AUTOMOTIVE ENGINE REPAIR AND MAINTENENCE         5. Principal Office Address         No. and Street: <u>999 GREEEN END AVENUE</u> City or Town: <u>MIDDLETOWN</u> State: RI Zip: <u>02842</u> Country: <u>USA</u> 6. Malling Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>Onlact Title:</u> No and Street: <u>999 GREEEN END AVE</u> City or Town: <u>MIDDLETOWN</u> State: RI Zip: <u>02842</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS         Title       Individual Name First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Cou	S			Fee: \$50.00	
Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R1 C L. 7-16-66(d), each limited liability company failing or refusing to lie its annual report within litty (30) days after the time prescribed by law (R.I.G.L. 7- 6-66(b&c)) is subject to a panalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001658744 2. Exact Name of the Limited Liability Company ISLAND AUTO REPAIR & DETAILING, LLC 3. State of Formation State: RI Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. <u>811111</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island AUTOMOTIVE ENGINE REPAIR AND MAINTENENCE 5. Principal Office Address No. and Street: <u>999 GREEN END AVENUE</u> City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: <u>999 GREEN END AVENUE</u> City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	148 W. River Street				
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CLAYTON FRABLE 999 GREEN END AVE MIDDLETOWN, RI 02842

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 17 Day of August, 2018 at 9:41:26 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>CLAYTON FRABLE</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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