RI SOS Filing Number: 200701378150 Date: 09/24/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company		
106022	SNAP-ON CREDIT LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
DELAWARE	LENDING		
5. Principal office address	City	State	Zip
950 TECHNOLOGY WAY, SUITE 301	LIBERTYVILLE	IL	60048

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
JERRY FINK	TAX DIRECTOR		
Street Address	City	State	Zip
950 TECHNOLOGY WAY, SUITE 301	LIBERTYVILLE	ILLINOIS	60048

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
JOSEPH JOHN BURGER	ANDREW D TRESSLER
Street Address	Street Address
950 TECHNOLOGY WAY, SUITE 301	950 TECHNOLOGY WAY, SUITE 301
City / State / Zip	City / State / Zip
LIBERTYVILLE / ILLINOIS / 60048	LIBERTYVILLE / ILLINOIS / 60048
Manager Name	Manager Name
STEVEN SPINOZZA	JOHN E WATTERS
Street Address	Street Address
950 TECHNOLOGY WAY, SUITE 301	950 TECHNOLOGY WAY, SUITE 301
City / State / Zip	City / State / Zip
LIBERTYVILLE / ILLINOIS / 60048	LIBERTYVILLE / ILLINOIS / 60048

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
CT CORPORATION SYSTEM		
Address	City	Zip
10 WEYBOSSET STREET	PROVIDENCE	02903

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

[redacted] 106022 [redacted]

FILED	
File Date	SEP 24 2007
Check No.	000-0241605
By:	mnc

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.

[redacted] SEPT. 17, 2007
Signature of Authorized Person *Date*

[redacted] ANDREW D TRESSLER
Print or Type Name of Authorized Person

Form 632 Rev. 07/07

14696-32-190213