



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Limited Liability Company  
Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2014

1. ID No. 000089511

2. Exact Name of the Limited Liability Company NEW HOLLAND CREDIT COMPANY, LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

FINANCING

5. Principal Office Address

No. and Street: 700 STATE STREET

City or Town: RACINE State: WI Zip: 53404 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 621 STATE STREET

City or Town: RACINE State: WI Zip: 53402 Country: USA

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 Address, City or Town, State, Zip Code, Country
MANAGER	DOUGLAS MACLEOD	700 STATE STREET RACINE, WI 53404 USA
MANAGER	MICHAEL WALL	700 STATE STREET RACINE, WI 53404 USA
MANAGER	ALESSANDRO MEINERO	700 STATE STREET RACINE, WI 53404 USA
MANAGER	ERIC MATHISON	700 STATE STREET RACINE, WI 53404 USA
MANAGER	THOMAS BECKMANN	700 STATE STREET

		RACINE, WI 53404 USA
MANAGER	RICK AIDE	700 STATE STREET RACINE, WI 53404 USA
MANAGER	ANDREA PAULIS	700 STATE STREET RACINE, WI 53404 USA
MANAGER	STEVEN BIERMAN	700 STATE STREET RACINE, WI 53404 USA
MANAGER	ROBERT KIRBY	700 STATE STREET RACINE, WI 53404 USA
MANAGER	BRETT DAVIS	700 STATE STREET RACINE, WI 53404 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 16 Day of September, 2014 at 3:31:34 PM 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 RICK AIDE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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