Annual Report for the year: 2017 **Limited Liability Company**

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00

Penalty Additional \$25.00	iee ii ioim is	Tiot liled by De	cemper i,		三	
1 Entity ID Number 001657968	2 Exact name of the Limited Liability Company RHODE ISLAND TRUCK CENTER LLC					
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island					
441110	NEW AND USED TRUCK SALES					
5 State of Formation	SERVICE REPAIRS PART SALES					
RHODE ISLAND						
6. Principal Office Address			City	State	Zıp	
1100 WARREN AVE			EAST PROVIDENCE	RI	02914	
7. Mailing Address of Limited Lia	bility Compan	y and Name or		^	•	
Contact Name RENEE FABIAN			Contact Title CONTROLLER	Contact Title CONTROLLER		
Street Address 2840 CENTER PORT CIRCLE			City POMPANO BEACH	State FL	Z ₁ p 33064	
8 List ALL managers (names ar	nd addresses)	of the Limited L	lability Company, IF APPLICABLE	- DO NOT LIST M	EMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Z:p	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Ζιρ	
		•	(heck the box to in	dicate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642						
Under penalty of perjury, I dec statements, and that all staten			xamined this report, including a true and correct.	ny accompanying	schedules and	
Name of Authorized Serson				Date		
RICHARD SHICK				06/11/2018		
Signature of Authorized Person SICIN A Code NA Server						

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 12 2018

FORM 632 - Revised, 10/2017