| s | tate of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 |
|--|--|---------------------------------|---------------------|
| | Division Of Business 148 W. River S | treet | |
| HOPE | Providence RI 0290 (401) 222-304 | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| | 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | <u>2018</u> | | |
| 1. ID No. <u>000795941</u> | | | |
| 2. Exact Name of the Limited Liability Company INTERSTATE MOTOR CARRIERS/CAPACITY AGENCY, LLC | | | |
| 3. State of Formation | | | |
| State: <u>NJ</u> | | | |
| ARTICLE III | | | |
| 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>524210</u> | | | |
| 4. Brief Description of th | e Character of the Business Which | is Actually Conducted in | n Rhode Island |
| NON-RESIDENT INSU | JRANCE SALES AND SERVICE | <u>.</u> | |
| 5. Principal Office Addre | SS | | |
| No. and Street:55 EAST MAIN STREETCity or Town:FREEHOLDState:NJZip:07728Country:USA | | | |
| 6. Mailing Address of Lir | mited Liability Company and Name | or Title of Contact Pers | on: |
| Contact Name: Contact Title: | | | |
| | A <u>ST MAIN STREET</u> EHOLD State | : <u>NJ</u> Zip: <u>07728</u> C | 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 | Address | 5 |
| MANAGED | First, Middle, Last, Suffix | Address, City or Town, State | , Zip Code, Country |
| MANAGER | CARL GERSON | 1 BLUE HIL PEARL RIVER, NY | |

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 27 Day of July, 2018 at 10:53:35 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>CYNTHIA SALLAY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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