RI SOS Filing Number: 201881600640 Date: 11/19/2018 4:00:00 PM

| TABLE 1 |
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| 1.44 |

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

| Annual Report for the year: | 2018 |
|-----------------------------|------|
| Limited Liability Company | |

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | T = - | | | | | |
|---|--|------------------------|----------------------------------|----------------------------|-----------------------|--|
| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
| 141717 | Truck Solutions, LLC | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| · 4a3830 | Buy, sell, wholesale and/or retail, new and used trucks, truck parts and motor vehicles. | | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 125 Industrial Drive | | | North Smithfield | R.I. | 02896 | |
| 7. Mailing Address of Limited Lia | bility Company | and Name or Title | | | | |
| Contact Name New England Truck and Auto Shine, Inc. | | | Contact Title Member | | | |
| Street Address PO Box 979 | | City Slatersville | State R.I. | ^{Zip} 02876 | | |
| 8. List ALL managers (names ar | nd addresses) (| of the Limited Liab | ility Company, IF APPLICAB | ILE - DO NOT LIST N | IEMBERS | |
| Manager Name Mar | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zıp | |
| | <u> </u> | | <u>.l</u> | Check the box to in | idicate an attachment | |
| 9. Resident Agent in Rhode Islar | nd. This informati | on is currently of rec | ord with the Department of State | te. Changes require filing | Form 642. | |
| Under penalty of perjury, I dec statements, and that all staten | | | | g any accompanying | schedules and | |
| Name of Authorized Person Date | | | | | | |
| Jason Jarvis, President of New England Truck and Auto Shine, Inc. //-6-/8 | | | | | , -/8 | |
| Signature of Authorized Person | Pres | * | | | | |
| | 7 | • | | | | |

MAIL TO:

Division of Business Services

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

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

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