

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I. ID No. TRUCK SOLUTIONS, LLC 141717 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation Buy, Sell, wholesale and/or retail, repair, new and used trucks, truck parts and RHODE ISLAND motor vehicles State City 5. Principal office address RI 02860 Pawtucket 103 Cottage Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Title Contact Name .Manager Mark Jarvis Street Address City State Zip RI 02896 157 North Smithfield Industrial Drive .Smithfield 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 · Manager Name Manager Name · Street Address Street Address State Ziρ · City City State Zio Manager Name Manager Name ·Street Address Street Address Zip City State State Zio City 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11 Address Agent Name 103 COTTAGE STREET JOHN F. NEARY, ESQ. City Zip Address **PAWTUCKET** 02860-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date 11/21

Check No. 3827

By: Dy

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.

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Signature of Authorized Person Date

MARK JARIVIS, Manager
Print or Type Name of Authorized Person

Form 632 Rcv. 6/02