

STALP

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.

1 Entity ID Number	2. Exact name of the Limited Liability Company								
000530461	Northeast Trikes LLC								
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island								
336991	The manufacturing, sale and services of three-wheeled motorcycles in North America								
5. State of Formation									
RI									
6. Principal Office Address			City			State		Zip	
1305A Kingstown Rd			Peace Dale			RI		02879	
Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name Richard Guglielmo			Contact Title Manager/Member						
Street Address 103 Robinson St			City	akefield		State	ri	Zip	02879
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS									
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zlp	City			State		Zip	
Manager Name	Manage	Manager Name							
Street Address			Street Address						
City	State	Zip	City			State		Zip	
					Check	the	box to indi	icate	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 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.									
Name of Authorized Person						Date			
Richard Guglielmo							17	- Z	8-18
Signature of Authorized Persen SIGN DOCUMENT HERE									

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2618 030 8102 Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY CM EXP4B

FORM 632 - Revised: 10/2017