



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019**

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.  
 Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

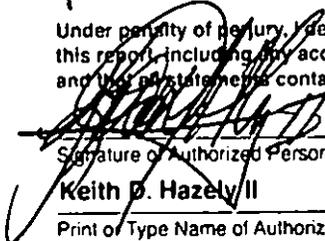
1. Entity ID No. <b>001659417</b>		2. Exact name of the limited liability company <b>VOLVO CAR USA, LLC</b>			
3. State of Formation <b>DE</b>		4. Brief description of the character of business conducted in Rhode Island <b>WHOLESALE OF AUTOMOBILES, PARTS &amp; RELATED ACCESSORIES</b> <b>425120</b>			
5. Principal office address <b>1 VOLVO DRIVE BUILDING B</b>		City <b>ROCKLEIGH</b>	State <b>NJ</b>	Zip <b>07647</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>MICHAEL THOMAS</b>		Contact Title <b>LEGAL COUNSEL</b>			
Street Address <b>1 VOLVO DRIVE BUILDING B</b>		City <b>ROCKLEIGH</b>	State <b>NJ</b>	Zip <b>07647</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>ANDERS GUSTAFSSON</b>		Manager Name <b>OLA SJOLANDER</b>			
Street Address <b>1 VOLVO DRIVE BUILDING B</b>		Street Address <b>1 VOLVO DRIVE BUILDING B</b>			
City <b>ROCKLEIGH</b>	State <b>NJ</b>	Zip <b>07647</b>	City <b>ROCKLEIGH</b>	State <b>NJ</b>	Zip <b>07647</b>
Manager Name <b>MICHAEL THOMAS</b>		Manager Name			
Street Address <b>1 VOLVO DRIVE BUILDING B</b>		Street Address			
City <b>ROCKLEIGH</b>	State <b>NJ</b>	Zip <b>07647</b>	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

RECEIVED  
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**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 the statements contained herein are true and correct.

  
 Signature of Authorized Person  
**Keith D. Hazely II**  
 Date  
**06/20/2019**  
 Print or Type Name of Authorized Person