RI SOS Filing Number: 201929675430 Date: 12/9/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2019 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.

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| | DEC 09 2019 |
| BY_ | Julia |

| 1. Entity ID Number 141717 | 2 Exact name of the Limited Liability Company Truck Solutions, LLC | | | | | | |
|--|--|------------------------|----------------------------------|---------------------------|-----------------------|--|--|
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island Buy, sell, wholesale and/or retail, new and used trucks, truck parts and motor vehicles. | | | | | | |
| 5 State of Formation Rhode Island | | | | | | | |
| Principal Office Address 125 Industrial Drive | | | City North Smithfield | State R.I. | Zıp 02896 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name New England True | ck and Auto Sh | nine, Inc. | Contact Title Member | | | | |
| Street Address PO Box 979 | | | City Slatersville | State R.I. | Z ^{ip} 02876 | | |
| 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 | Zıp | City | State | Zıp | | |
| Manager Name | | <u> </u> | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Ζιρ | | |
| | | | <u>-</u> | Check the box to in | dicate an attachment | | |
| 9. Resident Agent in Rhode Islan | id. This informatio | on is currently of rec | ord with the Department of State | e. 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 | | | | | | | |
| Jason Jarvis, President of New England Truck and Auto Shine, Inc. | | | | | | | |
| Signature of Authorized Person SIGN DOCUMENT HERF | | | | | | | |
| | | | | | | | |

MAIL TO:

Division of Business Services

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