



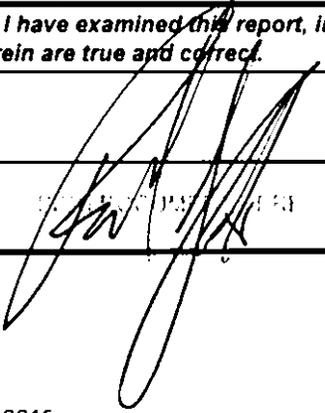
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
Limited Liability Company

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 BUS SVCS DIV

2023 FEB -3 P 1:14

- 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 001657968 | | 2. Exact name of the Limited Liability Company RHODE ISLAND TRUCK CENTER LLC | | | |
| 3. NAICS Code 441110 | | 4. Brief description of the character of business conducted in Rhode Island NEW AND USED TRUCK SALES SERVICE REPAIRS PART SALES | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 155 Amaral Street | | City East Providence | State RI | Zip 02915 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name RENEE FABIAN | | | Contact Title CONTROLLER | | |
| Street Address 2840 CENTER PORT CIRCLE | | City POMPANO BEACH | State FL | Zip 33064 | |
| 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 | Zip | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 RICHARD SHICK | | | | Date 02/01/2023 | |
| Signature of Authorized Person  | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

FEB 03 2023
 BY WY4BLYP
 FORM 632 - Revised: 10/2017