



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. ID No.** 000133747

**2. Exact Name of the Limited Liability Company** AGCO FINANCE LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522220

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THE COMPANY HAS BEEN ORGANIZED (I) TO ENGAGE IN THE BUSINESS OF FINANCING SALES OF AGRICULTURAL EQUIPMENT ORIGINATING FROM ANY CORE AGCO DEALER, WHETHER OR NOT INVOLVING PRODUCTS MANUFACTURED BY AGCO, AND CONDUCT ANY OTHER ACTIVITIES AS ARE NECESSARY OR INCIDENTAL THERETO, (II) TO ENGAGE IN THE FINANCING OF SALES OF CROP INPUTS SUCH AS FEED AND FERTILIZERS PURSUANT TO AGREEMENTS WITH MANUFACTURES AND OTHER VENDORS IN EFFECT (III) TO PROVIDE INVENTORY FINANCING FOR ANT CORE AGCO DEALER, (IV) TO CONTINUE TO OWN AND MANAGE, AND TO SELL, TRANSFER OR OTHERWISE DISPOSE OF, AS THE MANAGING BOARD MAY DEEM NECESSARY OR ADVISABLE, ALL ACCOUNTS RECEIVABLE OF THE COMPANY EXISTING AS OF THE DATE HEREOF, AND CONDUCT ANY OTHER ACTIVITIES AS ARE NECESSARY OR INCIDENTAL THERETO, AND (V) TO ENGAGE IN ANY OTHER ACTIVITY OR BUSINESS PERMITTED BY LAW AND APPROVED BY THE MANAGEMENT BOARD.

**5. Principal Office Address**

No. and Street: 8001 BIRCHWOOD COURT

City or Town: JOHNSTON

State: IA Zip: 50131 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 8001 BIRCHWOOD COURT

City or Town: JOHNSTON

State: IA Zip: 50131 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 19 Day of April, 2023 at 4:38:26 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JAMES MADDEN

Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved