RI SOS Filing Number: 202564374670 Date: 2/3/2025 4:00:00 PM

Department of State - Business Services Division							
Annual Report for the year Corporation	ar: 2025			FILED	AH	28	
→ Filing period: February 1 - May 1				FEB 0 3 2025	•	2023 F.ZB	
→ Filing Fee: \$50.00				ny 1021	\mathcal{V}	FLE	
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.				BY	_	1 - 2	
1. Entity ID Number 1664125	2. Exact name of the Corporation ARCTIC HEAVY DUTY TRUCK REPAIR, INC.						
3. Principal Office Address City State r Zip							
2822 VICTORY HIGHWAY			BURRILL	VILLE	RI	02830 ع	
4. NAICS Code	Brief description	on of the characte	r of business c	onducted in Rhode Isla	and		
811198	REPAIRS AND MAINTENANCE OF HEAVY DUTY TRUCKS						
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and add	Check the box to indicate an attachment						
President Name JASON RIEL			Vice-President Name				
Street Address 112 PULASKI BLVD			Street Address				
^{City} BELLINGHAM	State MA	^{Zip} 02019	City		State	Zıp	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment				
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Issue			ne box to ir	ndicate an attachment	
This Information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		500		COMMON		NO PAR	
Changes require an additional ming.							
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements schedules are true and correct.							
Name of Authorized Representative / / 1/2 Date							
JASON RIEL ASTIFICION						31/2025	
Signature of Authorized Representative 7							

MAIL TO:

Division of Business Services

State of Rhode Island

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov