



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. 000144661		2. Exact name of the limited liability company American Truck & Trailer Repair, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Truck & Trailer repairs			
5. Principal office address 1012 Tiogue Avenue, Ste 27			City Coventry	State RI	Zip 02816
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kathleen B. Gustafson			Contact Title Manager		
Street Address 9 Cynthia Drive			City North Kingstown	State RI	Zip 02852
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Kathleen B. Gustafson			Manager Name		
Street Address 9 Cynthia Drive			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Kathleen B. Gustafson			Address		
Address 9 Cynthia Drive			City North Kingstown	Zip 02852	

**FILED**

JUL 15 2008 1:35

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

**000144661**

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SECRETARY OF STATE  
CORPORATIONS DIV  
2008 JUL 15 PM 1:35

File Date _____
Check No. _____
By: _____
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 all statements, contained herein are true and correct.

Kathleen B. Gustafson      7-14-08  
Signature of Authorized Person      Date  
Kathleen B. Gustafson  
Print or Type Name of Authorized Person