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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
68005	RHODE ISLAND BATTERY EXCHANGE, INC.			
3. Street Address Principal Business Office: 133 Silver Spring Street		City: Providence	State: RI	Zip: 02904-0000
4. Business Phone No.: (401) 781-7200	5. State of Incorporation: RI			
6. Brief Description of the Character of Business Conducted in Rhode Island: automotive electronics				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Michael J. Sova, Jr.			Vice President Name: Frank Almonte		
Street Address: 163 Rutland Street			Street Address: 11 Damien Court		
City: Cranston	State: RI	Zip: 02920-	City: North Providence	State: RI	Zip: 02911-
Secretary Name: Michael J. Sova, Jr.			Treasurer Name: Michael J. Sova, Jr.		
Street Address: 163 Rutland Street			Street Address: 163 Rutland Street		
City: Cranston	State: RI	Zip: 02920-	City: Cranston	State: RI	Zip: 02920-

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: Michael J. Sova, Jr.			Director Name: none		
Street Address: 163 Rutland Street			Street Address: none		
City: Cranston	State: RI	Zip: 02920-	City: none	State: none	Zip: none
Director Name: none			Director Name: none		
Street Address: none			Street Address: none		
City: none	State: none	Zip: none	City: none	State: none	Zip: none

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	100	Common	No Par
			THIS SECTION MUST BE COMPLETED		

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.

FILED

JAN 09 2008

By 139520

File Date

Check No.

By

FOR SECRETARY OF STATE'S 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.

Michael J. Sova — 1/07/08

Signature — *Date*

Michael J. Sova, Jr.

Print or Type Name

President

Title