



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. 60044		2. Name of Corporation QUAKER TRANSMISSION, INC.			
3. Street Address Principal Business Office 67 Tiogue Avenue			City West Warwick	State RI	Zip 02893
4. Business Phone No. 401.826.2800		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Automobile and Truck Repair and Service and Related Activities					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John F. O'Hara			Vice President Name Robin S. George		
Street Address 439 Angell Road			Street Address 182 Spooner Avenue		
City Lincoln	State RI	Zip 02865	City Warwick	State RI	Zip 02886
Secretary Name Robin S. George			Treasurer Name John F. O'Hara		
Street Address 182 Spooner Avenue			Street Address 439 Angell Road		
City Warwick	State RI	Zip 02886	City Lincoln	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John F. O'Hara			Director Name Robin S. George		
Street Address 439 Angell Road			Street Address 182 Spooner Avenue		
City Lincoln	State RI	Zip 02865	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No Par	400	Common	No Par

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

File Date

Check No. FEB 19 2008

By: DS-137/08

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.

John F. O'Hara 02/16/08

Signature Date

John F. O'Hara

Print or Type Name

President

Title