

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(cord)) is

subject to a penalty fee of \$25.00							
1. Corporate ID No.	2. Name of Corpo						
68005	RHODE	ISLAND BATTERY	EXCHANGE, INC.				
3. Street Address Principal Business Office			City	State	Zip		
133 Silver Spring Street			Providence	RI	02904-0000		
4. Business Phone No.		5. State of Incorporatio	12		,		
(401) 781-7200 RI							
6. Brief Description of the Chara automotive electro	ter of Business Conduct nics	ed in Rhode Island					
7. NAMES AND ADDRESS	ES OF THE OFFIC	ERS: ("X" BOX FOR AI	<i>TAGHMENTI)</i> [FILL IN SPA	CES BEFORE USING	ATTACHMENTS		
President Name	Activities of proposition and the second second second		Vice President Name				
Michael J. Sova, Jr.			Frank Almonte				
Street Address			Street Address				
163 Rutland Street	1		11 Damien Court	11 Damien Court			
City	State	Zip	City	State	Zip		
Cranston	RI	02920-	North Providence	RI	02911-		
Secretary Name	***************************************		Treasurer Name	•••••	***************************************		
Michael J. Sova, Ji	:		Michael J. Sova, Jr.	Michael J. Sova, Jr.			
Street Address			Street Address				
163 Rutland Street			163 Rutland Street	163 Rutland Street			
City	State	Zip	City	State	Zip		
Cranston	RI	02920-	Cranston	RI	02920-		
A STATE OF THE STA	ES OF THE DIREC	TORS: ("X" BOX FOR A	<i>TTACHMENT)</i> 🗌 PILL IN SP	ACES BEFORE USING	3 ATTACHMENTS		
Director Name			Director Name				
Michael J. Sova, Ji			none				
Street Address			Street Address				
163 Rutland Street		· · · · · · · · · · · · · · · · · · ·	none				
Cranston	State RI	^{Zip} 02920-	City none	State none	none		
Director Name			Director Name				
none			none				
Street Address			Street Address				
none			none				
City	State	Zip	City	State	Ζψ		
none	none	none	none	none	none		
9. SHARES AUTHORIZED			10. SHARES ISSUED (*2	K" BOX FOR ATTACH	MENT) 🗌 🗀		
			ISSUED SHARES — THIS SECTION	N MUST BE COMPLETED	and the same of the same		
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This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par		
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this report must be executed on behalf of the corporation by the receiver or trustee.

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Under penalty of perjury, I declare and affirm that I have examincluding any accompanying schedules and statements, and the	•
Contained herein at true and correct.	01/05/09
Signature Date Michael Sova, Jr.	
Print or Type Name President	