



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 2009

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. 68005		2. Name of Corporation 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					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 100		Class/Series Common		Par Value No Par	
THIS SECTION MUST BE COMPLETED					
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.					

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.

File Date **FILED**
Check No. **JAN 13 2009**
By **14574**
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.

Signature **Michael J. Sova, Jr.** Date **1/7/09** 01/05/09
Print or Type Name
President
Title