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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. | 2. Name of Corporation |
|---|---|
| 5508 | Cumberland Tire Center, Inc. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 94 Broad St. | Cumberland | R.I. | 02864 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| 401-728-7120 | Rhode Island |

6. Brief Description of the Character of Business Conducted in Rhode Island

General Tire and Automotive Work

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

| President Name | Vice President Name |
|---|---|
| Daniel J. Alves | Daniel J. Alves |
| Street Address: 30 Curran Rd. | Street Address: Same |
| City: Cumberland State: R.I. Zip: 02864 | City: Same State: Zip: |
| Secretary Name: Daniel J. Alves | Treasurer Name: Daniel J. Alves |
| Street Address: Same | Street Address: Same |
| City: Same State: Zip: | City: Same State: Zip: |

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

| Director Name | Director Name |
|---|---|
| Daniel J. Alves | Antonio Pais |
| Street Address: 30 Curran Rd. | Street Address: 637 Weeden St. |
| City: Cumberland State: R.I. Zip: 02864 | City: Pawtucket State: R.I. Zip: 02864 |
| Director Name: Jose A. Fonseca | Director Name: None |
| Street Address: 24 Pequot Ave. | Street Address: |
| City: Cumberland State: R.I. Zip: 02864 | City: State: Zip: |

**9. SHARES AUTHORIZED**

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | 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.

[redacted] [redacted]

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.

Daniel J. Alves 1/15/09
*Signature* *Date*

Daniel J. Alves
*Print or Type Name*

President
*Title*

[redacted]

*File Date* 1-21-09
*Check No.* 3976
*By:* MNC

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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