RI SOS Filing Number: 200942307100 Date: 02/17/2009 4:00 PM

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 02903-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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		
000061319	S & S Transmissions and Auto Repairs, Inc.		
3. Street Address Principal Business Office: 1416 West Main Road	City: Portsmouth	State: Rhode Island	Zip: 02871
4. Business Phone No.: 401-683-6906	5. State of Incorporation: Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island: Transmissions and Auto Repair

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

President Name: Scott Allen Szczupak			Vice President Name: Scott Allen Szczupak		
Street Address: 1 Marco Court			Street Address: (same)		
City: Fall River	State: MA	Zip: 02720	City:	State:	Zip:
Secretary Name: Scott Allen Szczupak			Treasurer Name: Scott Allen Szczupak		
Street Address: (same)			Street Address: (same)		
City:	State:	Zip:	City:	State:	Zip:

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

Director Name: Scott Allen Szczupak			Director Name:		
Street Address: 1 Marco Court			Street Address:		
City: Fall River	State: MA	Zip: 02720	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED 600

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	No Par

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.

FILED

FEB 17 2009

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]

BY AMF 11.22

81784

[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.

Scott Allen Szczupak 2-17-09
Signature *Date*

Scott Allen Szczupak
Print or Type Name

President
Title

File Date: 2009 FEB 17 AM 11:22

Check No.:

By:

RECEIVED
SECRETARY OF STATE
CORP. DIV.

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31208-5-327945

Form 630 Rev. 08/08