

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 209

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(e)d) is

| subject to a penalty fee of \$25.0 | 0. | <i></i> | | , , | |
|--|---|--|---|--|--|
| 1. Corporate ID No. | 2. Name of Corporation Smithfield Diesel AND Transmission Resair Inc. incipal Business Office rge Washington Highway Smithfield LT 02917 | | | | |
| 1/2/1 | Dmithfield | <u>Diesel And Tran.</u> | SMUSSION KERUIT | -, 111C. | 7.0 |
| 3. Street Address Principal Bus | iness Office | had a said | City Cnoth reald | State | 02917 |
| 170 GCOFGE V. 4. Business Phone No. | vashington H | 5. State of Incorporation | Similifica | | 00.117 |
| 4. Business Phone No. (401) 231- | 1770 | 2. State of incorporation | | | |
| 6. Brief Description of the Char | racter of Business Conducted | in Rhode Island | | | |
| 7. NAMES AND ADDRE | SSES OF THE OFFICE | RS: ("X" BOX FOR ATTA | | PACES BEFORE USING A | TTACHMENTS |
| President Name | /3 | | Vice President Name | 11: | |
| Anthony A. Frattavelli, Dr. | | | Joan E. Frattarelli | | |
| Street Address 178 Mary ELIZABETH Drive City NO. SciTuate State RT 210 02857 | | | Street Address Saine | | |
| No. SaTuate | State RI | Zip 02857 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Joan E. Frattarelli | | | Anthony A. Frattarelli, Jr. | | |
| C | | | Grout Address | | |
| Sume Sume | | | same | | |
| Cit ₎ , | State | Zip | Guy | State | Zip |
| O MANUEL AND ADDIVE | COUNTRY THE DIDECT | ORS: ("X" BOX FOR AT | ; FACHMENTY (□ FILLIN) | SPACES REFORE USING | ATTACHMENTS |
| Director Name | | | Director Name | | ering gen There is the entry by the life |
| Street Address | | | Street Address | | |
| City | State | Ζίρ | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City' | State | Zip | City | State | Ζip |
| 9. SHARES AUTHORIZ | ED | | | ("X" BOX FOR ATTACH. TION MUST BE COMPLETED | MENT) |
| | | | Number of Shares | Class/Series | Par Value |
| 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 | no. | rai vaine |
| | | | 1915 500 | | |
| | | | *** | | |
| This report must be executhis report must be execution | cuted on behalf of the cuted on behalf of the c | corporation by an authorize orporation by the receiver | ed representative. If the co or trustee. | orporation is in the hands | of a receiver or trustee, |
| | | | including any accor | erjury, I declare and affirm the mpanying schedules and state | |
| | | | contained herein ar | e true and correct. | 2/27/09 |
| File Date | 7 | 5. 5. | Signature | Cf manage con | Date |
| Check Notano | | | Takes 5 | Entracalli | |
| Caeck NMAR 0 2 2009 | | | Print or Type Niera | rialiaieul | |
| 1 Pr - 121 | 7/2 | | · / / / | /. | |
| By JO | OF STATE USE ONLY | | VICE-Pre | SIDENT T | ecretary |
| | | | Title | | Form 630 Rev. 08/08 |