STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 61319

2. Name of Corporation S & S TRANSMISSIONS AND AUTO REPAIRS, INC.

3. Street Address Principal Business Office 1416 West Main Road
City Portsmouth *State* RI *Zip* 02871

4. Business Phone No. (401) 683-6906

5. State of Incorporation RHODE ISLAND

6. SIC Code 8953

7. Brief Description of the Character of Business Conducted in Rhode Island
Deal in and with the service of motor vehicles.

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

President Name Scott Allen Szczupak
Street Address 1416 West Main Road
City Portsmouth *State* RI *Zip* 02871

Vice President Name "None."
Street Address
City *State* *Zip*

Secretary Name Scott Allen Szczupak
Street Address 1416 West Main Road
City Portsmouth *State* RI *Zip* 02871

Treasurer Name Scott Allen Szczupak
Street Address 1416 West Main Road
City Portsmouth *State* RI *Zip* 02871

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

Director Name "None."
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600 SHS NO PAR VAL		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

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

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

61319

File Date: [illegible]

Check No.: APR 07 2000

By: [illegible] 11632

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 of Officer *Date* 3-3-00

Scott Allen Szczupak
Print or Type Name of Officer

President
Title of Officer