



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  
401-222-3046

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
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 <b>Scott Allen Szczupak</b> Street Address <b>1416 West Main Road</b> City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b> Secretary Name <b>Scott Allen Szczupak</b> Street Address <b>1416 West Main Road</b> City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>	Vice President Name <b>"None"</b> Street Address  City  State  Zip  Treasurer Name <b>Scott Allen Szczupak</b> Street Address <b>1416 West Main Road</b> City <b>Portsmouth</b> State <b>RI</b> Zip <b>02871</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>"None"</b> 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
<b>600 SHS NO PAR VAL</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>No Par Value</b>

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



**FILED**

File Date: **AUG 25 1999**  
Check No.: **By Ce 11078**  
By: \_\_\_\_\_

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** **8-19-99**  
**Date**

**Scott Allen Szczupak**  
Print or Type Name of Officer

**President**  
Title of Officer