



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
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)**

|   |   |
|---|---|
| President Name<br><b>Scott Allen Szczupak</b> | Vice President Name<br><b>"None"</b>          |
| Street Address<br><b>1416 West Main Road</b>  | Street Address                                |
| City State Zip<br><b>Portsmouth RI 02871</b>  | City State Zip                                |
| Secretary Name<br><b>Scott Allen Szczupak</b> | Treasurer Name<br><b>Scott Allen Szczupak</b> |
| Street Address<br><b>1416 West Main Road</b>  | Street Address<br><b>1416 West Main Road</b>  |
| City State Zip<br><b>Portsmouth RI 02871</b>  | City State Zip<br><b>Portsmouth RI 02871</b>  |

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

|                                |                |
|--------------------------------|----------------|
| Director Name<br><b>"None"</b> | Director Name  |
| Street Address                 | Street Address |
| City State Zip                 | City State Zip |
| Director Name                  | Director Name  |
| Street Address                 | Street Address |
| City State Zip                 | 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



\* 6 1 3 1 9 \*

File Date: 7-24-98  
Check No.: 9979  
By: AMF  
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: [Signature] Date: 7-17-98  
Print or Type Name of Officer: Scott Allen Szczupak  
Title of Officer: President