



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  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

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

Director Name <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 AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>600 SHS NO PAR VAL</b>	<b>200 Common 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: 4/18/97  
Check No.: 8700  
By: 91059

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: 4-11-97  
Print or Type Name of Officer: Scott Allen Szczupak  
Title of Officer: President