State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence Plantations 1235

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

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ATT.	ENTRIES MIL	CT BE	COMPLETED	IN FILL (OD THE	PORM WILL	BE RETURNED.
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Corporate ID: 0061319	9 19	Annual Report fo	or the year:	995				
Name of Corporation: S & S TRANSMISSI	ONS AND AUTO RE	EPAIRS, INC.						
Business entity organized under the laws of the State of: For foreign entity, address and telephone number of prince	cipal office:	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)						
Phone: () Address and telephone of the principal office of business Island (Provide street address - Not P.O. Box): 1416 West Main Road Portsmouth, Rhode Island 02871	entity in Rhode	Brief statement of the character of business conducted in Rhode Island: Deal in and with the service of motor vehicles.						
Phone: (401) 683-6906				and the second of the second o	tal mande mans transfer training related transfer district of			
	THE NAMES OF T							
PRESIDENT	STREET ADI		CITY/STATE		ZIP CODE			
Salvatore A. Costantino, Jr. VICE PRESIDENT	1416 West Ma STREET ADI	in Road DRESS	Portsmouth CITY/STATE	RI	02871 ZIP CODE			
Scott Allen Szczupak SECRETARY	1416 West Ma STREET ADI	in Road press	Portsmouth,	RT	02871 ZIP CODE			
Salvatore A, Costantino, Jr.	1416 West Ma STREET ADI	in Road	Portsmouth,	RT	0.2871 ZIP CODE			
Scott Allen Szczupak	1416 West Ma		Portsmouth,	RI	02871			
NAME	THE NAMES OF TH STREET ADD		ARE: n/a		ZIP CODE			
NAME	STREET ADI	DRESS	CITY/STATE		ZIP CODE			
NAME	STREET ADI	DRESS	CITY/STATE		ZIP CODE			
NUMBER OF SHARES AUTHORIZED (Rider may be atta	ched)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)						
Number of Shares Class / Series		Number of Share	s Class / So	eries				
600 Common		200	Commo	n				
				7/-/-				
Date <u>March 1</u> , 19 95	БВу:	Salvator	I Ch. Cost	antico	fr.			
		atore A. Cos YPE NAME OF OFFICER SI I dent	tantino, Jr.					
Form 31 1/95	TITLE OF OR	FICER SIGNING						
<u>DESIGNATED</u>	REGISTERED AGI	ENT FOR SERV	ICE OF PROCESS:					

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Timothy J. Chapman, Esq. 670 Willett Avenue Riverside, Rhode Island 02915

MAY 1 1500 At 1/09
By Ophill