



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00 • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 95398		2. Name of Corporation INTERSTATE BATTERY SYSTEM OF CENTRAL MASS., INC.			
3. Street Address Principal Business Office 139 WASHINGTON STREET			City AUBURN	State MA	Zip 01501
4. Business Phone No. (508) 791-7904		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island BUYING AND SELLING AT WHOLESALE AND RETAIL, NEW AND USED MOTOR VEHICLE BATTERIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KENNETH L. MACHONIS			Vice President Name N/A		
Street Address 131 WASHINGTON STREET			Street Address		
City AUBURN	State MA	Zip 01501	City	State	Zip
Secretary Name KENNETH L. MACHONIS			Treasurer Name LEAH L. NIKIFOROW		
Street Address 131 WASHINGTON STREET			Street Address 4 EVELYN STREET		
City AUBURN	State MA	Zip 01501	City WORCESTER	State MA	Zip 01607
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KENNETH L. MACHONIS			Director Name		
Street Address 131 WASHINGTON STREET			Street Address		
City AUBURN	State MA	Zip 01501	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series COMMON	Par Value NO PAR
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date: **FILED**
Check No: **2009-1-4-2009**
By: **1/18/09**
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.

Kenneth L. Machonis
Signature

1/18/09
Date

KENNETH L. MACHONIS

Print or Type Name

PRESIDENT

Title