



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

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. 2917		2. Name of Corporation Broadway Tire, Inc.			
3. Street Address Principal Business Office 588 Broadway			City Pawtucket	State RI	Zip 02860
4. Business Phone No. (401) 421-8908		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Tire sales					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gary Orleck			Vice President Name Dale Aguiar		
Street Address 42 Eagle Drive			Street Address 588 Broadway		
City Sharon	State MA	Zip 02067	City Pawtucket	State RI	Zip 02860
Secretary Name Pamela Aguiar			Treasurer Name Gary Orleck		
Street Address 588 Broadway			Street Address 42 Eagle Drive		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gary Orleck			Director Name Ronna Orleck		
Street Address 42 Eagle Drive			Street Address 42 Eagle Drive		
City Sharon	State MA	Zip 02067	City Sharon	State MA	Zip 02067
Director Name Orlando A. Andreoni			Director Name		
Street Address 197 Taunton Avenue, Suite 203			Street Address		
City East Providence	State RI	Zip 02914	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	Class/Series	Par Value
			34	Class A Common	No Par Value
			260	Class B Common	No Par Value

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.

FILED

File Date: FEB 26 2010

Check No. BY 30108

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: Gary Orleck Date: 2/24/10

Gary Orleck

Print or Type Name

President

Title