

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 2012

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

law (R.I.G.L. 7-1,2-1501 (cc.	2. Name of Corp	100 of \$25.00.			ter the time prescribed by	
21006	PORTLAN	PORTLAND TRANSMISSION COMPANY				
3. Street Address Principal Business Office 290 Smith Street			City Providence	State RI	Zip 02908	
		5. State of Incorporation Rhode Island	pration			
6. Brief Description of the Cha Transmission and auto	omotive repairs				-	
7. NAMES AND ADDRE	SSES OF THE OFFIC	CERS: ("X" BOX FOR AT	TACHMENT) [] FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Joseph Cardente			Vice President Name			
Street Address			Joseph Cardente Street Address			
290 Smith Street			290 Smith Street			
Providence	State RI	<i>Ζφ</i> 02908	City Providence	State RI	Ζιρ 02908	
ecretary Name Joseph Cardente		Treasurer Name Joseph Cardente				
Street Address 290 Smith Street			Street Address 290 Smith Street			
City Providence	State RI	^{Zip} 02908	City Providence	State RI	<i>Ζι</i> ρ 02908	
8. NAMES AND ADDRES Director Name	SSES OF THE DIREC	CTORS: ("X" BOX FOR A	TTACHMENT) 🗌 FILL II	N SPACES BEFORE USIN	G ATTACHMENTS	
ismeetor name			Director Name		r≥ s	
Street Address			Street Address		- 등 8	
City		<u>,</u>				
	State	Zip	City	State	7 88	
Director Name	***************************************		Director Name		lo========	
Street Address			Street Address			
Спу	State	Zip	City	State	<u>ાસ ≺</u> સું ⊃ુર્દે	
). SHARES AUTHORIZE	 D <i>("X" BOX FOR A</i>	TTACHMENT)	10. SHARES ISSUED	("X" BOX FOR ATTACE	1 ' '	
AUTHORIZED SHARES Number of Shares Class/Series Par Value			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
500 Common No Par Value			Number of Shares	Class/Series	Par Value	
Too Common No Fair Value			100	Common	No Par	
<u> </u>						
This report must be execu	uted on behalf of the	corporation by an authoriz	zed representative. If the c	orporation is in the hands	of a receiver or trustee	
ans report must be execu	ted on behalf of the	corporation by the receiver	or trustee.	•	- a reserver or manue,	
			Under penalty of p	erjury, I declare and affirm the	nat I have examined this repor	
		— FEB 29 2012	contained herein a	ompanying schedules and state re true and correct	tements, and that all statemen	
File Date				a Cal	2/2/1-	
Check No.	BY	165087	Signature		Date	
Ву:			Joseph A. Cardente Print or Type Name			
			President			
FOR SECRETARY OF STATE USE ONLY						