STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

AMENDED

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 126200

2. Name of Corporation MIDSTATE TIRE & SERVICE, INC.

3. Street Address Principal Business Office 5601 Post Road

City East Greenwich *State* RI *Zip* 02818

4. Business Phone No. 401-884-7600

5. State of Incorporation Rhode Island

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
to manage a tire and service center for automobiles and trucks

8. NAMES AND ADDRESSES OF THE OFFICERS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Christopher Antonelli
Street Address 221 Seaside Drive
City Jamestown *State* RI *Zip* 02835

Vice President Name Christopher Antonelli
Street Address 221 Seaside Drive
City Jamestown *State* RI *Zip* 02835

Secretary Name Christopher Antonelli
Street Address 221 Seaside Drive
City Jamestown *State* RI *Zip* 02835

Treasurer Name Christopher Antonelli
Street Address 221 Seaside Drive
City Jamestown *State* RI *Zip* 02835

9. NAMES AND ADDRESSES OF THE DIRECTORS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Christopher Antonelli
Street Address 221 Seaside Drive
City Jamestown *State* RI *Zip* 02835

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
500 NO PAR VALUE		

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
500		no

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted]

[redacted]

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 *Date* 05/03/04

Christopher Antonelli
Print or Type Name of Officer

president
Title of Officer

[redacted]

File Date FILED
Check No. MAY 06 2004
By: By
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01