STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
15910	WARREN TIRE, INC		
3. Principal office address: 420 BROADWAY	City: PAWTUCKET	State: RI	Zip: 02860
4. Business Phone No.: 401-722-0700	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: RETAIL SALES AND REPAIR OF TIRES			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: DENNIS BALDWIN			Vice-President Name: JEREMY BALDWIN		
Street Address: 84 CAMPBELL AVENUE			Street Address: 61 OVER LEA ROAD		
City: NORTH PROVIDENCE	State: RI	Zip: 02904	City: NORTH SMITHFIELD	State: RI	Zip: 02896
Secretary Name: COURTNEY BALDWIN LARIVEE			Treasurer Name: DOROTHY BALDWIN		
Street Address: 239 CHAPEL STREET			Street Address: 56 GARVIN STREET		
City: LINCOLN	State: RI	Zip: 02865	City: CUMBERLAND	State: RI	Zip: 02864

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: DOROTHY BALDWIN			Director Name: N/A		
Street Address: 56 GARVIN STREET			Street Address:		
City: CUMBERLAND	State: RI	Zip: 02864	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10/100	A/B	$1.00
2500	PREFERRED	$10.00

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: _____
Check No: _____
BY: _____
FOR SECRETARY OF STATE USE ONLY

FILED
DEC 28 2015
DS1398

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 Authorized Representative — Date: 12/23/15

DENNIS BALDWIN
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012