



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. 82578		2. Exact name of the Corporation The Transmission Shop, Inc.	
3. Principal office address 30 Newell Court		City Coventry	State RI
		Zip 02816	
4. Business Phone No. 401-821-5160		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island To operate a automotive repair business.			

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

President Name Douglas P. St. Jean			Vice-President Name Scott J. St. Jean		
Street Address 30 Newell Court			Street Address 30 Newell Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Douglas P. St. Jean			Treasurer Name Scott J. St. Jean		
Street Address 30 Newell Court			Street Address 30 Newell Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816

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

Director Name Douglas P. St. Jean			Director Name Scott J. St. Jean		
Street Address 30 Newell Court			Street Address 30 Newell Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name None			Director Name None		
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	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.

File Date _____
 Check No _____
 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.

FILED

FEB 01 2016

Signature of Authorized Representative

Date

Douglas P. St. Jean

Print or Type Name of Authorized Representative

1-29-2016

By KL 28418