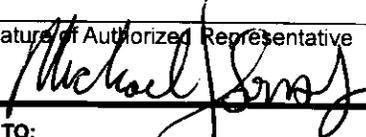




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2017  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 68005		2. Exact name of the Corporation RHODE ISLAND BATTERY EXCHANGE, INC.			
3. Principal Office Address 133 Silver Spring Street			City Providence	State RI	Zip 02904-0000
4. Business Phone Number: (401) 781-7200		6. Brief description of the character of business conducted in Rhode Island automotive electronics			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael J. Sova, Jr.			Vice-President Name Frank Almonte		
Street Address 100 Elena Street, Apt. 510			Street Address 11 Damien Court		
City Cranston	State RI	Zip 02920-	City North Providence	State RI	Zip 02911-
Secretary Name Michael J. Sova, Jr.			Treasurer Name Michael J. Sova, Jr.		
Street Address 100 Elena Street, Apt. 510			Street Address 100 Elena Street, Apt. 510		
City Cranston	State RI	Zip 02920-	City Cranston	State RI	Zip 02920-
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Michael J. Sova, Jr.			Director Name none		
Street Address 100 Elena Street, Apt. 510			Street Address none		
City Cranston	State RI	Zip 02920-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par
11. 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.					
<b>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.</b>					
Name of Authorized Representative Michael J. Sova, Jr. President				Date 1/02/2017	
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

SIGN DOCUMENT HERE  
**FILED**  
 JAN 17 2017  
 BY 018239