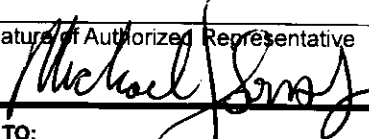




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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		
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		
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		
Director Name none		Director Name none				
Street Address none		Street Address none				
City none	State none	Zip none	City none	State none		
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>						
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.						
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.						
Name of Authorized Representative Michael J. Sova, Jr.				Date 1/02/2017		
Signature of Authorized Representative 				SIGN DOCUMENT HERE		

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

BY 018239

FORM 630 - Revised: 08/2016