State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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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	2. Exact name of the Corporation
9135	E & E Tire, Inc.

3. Principal Office Address	City	State	Zip
87 West Broad Street	Pawcatuck	CT	06379

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45	Sale of gas, oil, tires and other automotive accessories.
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	City	State	Zip	Vice-President Name	City	State	Zip
Ellison Evans							
Street Address				Street Address			
87 West Broad Street				87 West Broad Street			
	Pawcatuck	CT	06379		Pawcatuck	CT	06379
Secretary Name				Treasurer Name			
Street Address				Street Address			
87 West Broad Street				87 West Broad Street			
	Pawcatuck	CT	06379		Pawcatuck	CT	06379

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	City	State	Zip	Director Name	City	State	Zip
Street Address				Street Address			
87 West Broad Street				87 West Broad Street			
	Pawcatuck	CT	06379		Pawcatuck	CT	06379
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	

9. Shares Authorized / Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	Common	No Par Value

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

Ellison Evans, Vice President

Date

FILED 1/5/17

Signature of Authorized Representative

SIGN DOCUMENT HERE

JAN 30 2017

BY

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

FORM 630 - Revised: 10/2016