



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 103433		2. Exact name of the Corporation Uncle's Transmission Service, Inc.	
3. Principal Office Address 5 Larch Street		City Smithfield	State RI
		Zip 02917	
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island The wholesale and retail sales, service and repair to auto transmissions, parts and general auto repairs.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Eric L. Whalen		Vice-President Name Eric L. Whalen	
Street Address 5 Larch Street		Street Address	
City Smithfield	State RI	City	State
	Zip 02917		Zip
Secretary Name Eric L. Whalen		Treasurer Name Eric L. Whalen	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Eric L. Whalen		Director Name	
Street Address 5 Larch Street		Street Address	
City Smithfield	State RI	City	State
	Zip 02917		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		None	
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 Eric L. Whalen, Secretary		Date 2-28-17	
Signature of Authorized Representative 		SIGN DOCUMENT HERE FILED MAR 02 2017 BY 1990 DS	

MAIL TO:
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