



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 60044 | | 2. Exact name of the Corporation QUAKER TRANSMISSION, INC. | | | |
| 3. Principal Office Address 67 TIOGUE AVENUE | | | City WEST WARWICK | State RI | Zip 02893 |
| 4. NAICS Code 54 - Professional, Scientific, | | 6. Brief description of the character of business conducted in Rhode Island transmission repair | | | |
| 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 John F. O'Hara | | | Vice-President Name Robin S. George | | |
| Street Address 438 Angell Road | | | Street Address 182 Spooner Avenue | | |
| City Lincoln | State RI | Zip 02865 | City Warwick | State RI | Zip 02886 |
| Secretary Name Robin S. George | | | Treasurer Name John F. O'Hara | | |
| Street Address 182 Spooner Avenue | | | Street Address 438 Angell Road | | |
| City Warwick | State RI | Zip 02886 | City Lincoln | State RI | Zip 02865 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name John F. O'Hara | | | Director Name Robin S. George | | |
| Street Address 438 Angell Road | | | Street Address 182 Spooner Avenue | | |
| City Lincoln | State RI | Zip 02865 | City Warwick | State RI | Zip 02886 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 |
| | | | 400 | 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 John F. O'Hara - President | | | | | Date 3/10/2017 |
| Signature of Authorized Representative <i>John F. O'Hara</i> | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov