



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 102487		2. Exact name of the Corporation Yankee Auto Electric Co., Inc.			
3. Principal Office Address 156 Division Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island To rebuild and repair components for various electrical systems for domestic, foreign and commercial motor vehicles.			
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 Bradley S. Nystrom			Vice-President Name Einar S. Nystrom		
Street Address 521 Woodland Avenue			Street Address 521 Woodland Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Bradley S. Nystrom			Treasurer Name Keli Prestly		
Street Address 521 Woodland Avenue			Street Address 521 Woodland Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bradley S. Nystrom			Director Name Keli Prestly		
Street Address 521 Woodland Avenue			Street Address 521 Woodland Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
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
		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 Bradley S. Nystrom				Date 3/1/17	
Signature of Authorized Representative <div style="text-align: right; font-size: 2em; font-weight: bold; margin-top: 10px;">FILED <i>DL</i></div>					

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

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