

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 149784		2. Exact name of the Corporation ALLSTON ST AUTO ELECTRIC INC.	
3. Principal Office Address 72 ALLSTON ST		City Providence	State RI
4. NAICS Code 91 <input checked="" type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island ALTERNATOR AND STARTER REBUILDER	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joanne Jenson		Vice-President Name Thomas RAY JR	
Street Address 24 Lemieux AVE		Street Address 24 Lemieux AVE	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name Thomas RAY JR		Treasurer Name Joanne Jenson	
Street Address 24 Lemieux AVE		Street Address 24 Lemieux AVE	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		0	
		.01	
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 Thomas RAY JR		Date 3/21/17	
Signature of Authorized Representative <i>Thomas Ray Jr</i>			

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

FILED
 10:23
 MAR 23 2017

FORM 630 - Revised: 02/2017

BY *JB 298971*