Annual Report for the ye	ar: <u>20</u>	17			
Corporation			•		
→ Filing period: January 1 - M	March 1				
→ Filing Fee: \$50.00	15.5	9			
→ Penalty: Additional \$25.00 fo	ee it form is not t	iled by April 1.			
1. Entity ID Number	_	of the Corporation		.	
1 149 784	ALLS	ton st	AUTO ELE	CTRIC INC.	
3. Principal Office Address	_ ,		City	State	Zip
72 ALLSTO			Providen	ce RI	02908
4. NAICS Code	Brief descripti	on of the character	r of business conducted in	Rhode Island	
91 -					
5. State of Incorporation	1			ا. ه م م	1110
L K 1	HLTER	RNATOR	and star	CTEK REDU	110615
7. List ALL officers (names and add	tresses)			Check the box to inc	licate an attachment 🔲
President Name JOANNE JENSON			Vice-President Name	RAY 5	R
Street Address Lemieux AVE			Street Address LCM K	Oux AVE	
city Cumber land	State	Zip 02864	cityCumberla	/ State	Zip 02864
Secretary Name	LY JR	10000.	Treasurer Name		
Street Address			Joanne Jenson StreetAddress		
24 Lemienx	State OT	Zin	City 1 1	1 ICUX A	VE IZIN
Cumberland	八上	2ip 2864	Camberl	and ICI	02864
8. List ALL directors (names and ad Director Name	ldresses)		Director Name	Check the box to ind	licate an attachment 🔲
			Birodol Hamo		
Street Address			Street Address		~3
City	State	Zip	City	State	
	Qualco .	2.0	City	Siate	700 - 1
Director Name			Director Name	. <u></u>	2 8日前
Street Address			<u>ω <∵</u> rπ		
Street Address			Street Address		50
Street Address			Street Address		→ 88
Street Address City	State	Zip	Street Address City	State	PAR DOF S
City	State		City		AM 10:
City 9. Shares Authorized		Zip 10. Shares Issued	City	Check the box to ind	DIT STATE OF
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City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing.	d in the	10. Shares Issued NUMBER OF SH	City d ARES CI	Check the box to ind	icate an attachment PAR VALUE
Oity 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed on	d in the	10. Shares Issued NUMBER OF SH	City d ARES CI	Check the box to ind	icate an attachment PAR VALUE
City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed on trustee, this report must be executed.	d in the behalf of the cord on behalf of the	10. Shares Issued NUMBER OF SH C) poration by an authorporation by the	City d ARES CI norized representative. If the receiver or trustee.	Check the box to ind ASS/SERIES the corporation is in the	icate an attachment PAR VALUE
9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed on trustee, this report must be executed. Under penalty of perjury, I declare statements, and that all statements.	d in the behalf of the cord on behalf of the and affirm that ts contained her	10. Shares Issued NUMBER OF SH C poration by an authorporation by the I have examined	city d ARES CI norized representative. If the receiver or trustee. this report, including an	Check the box to ind ASS/SERIES the corporation is in the	icate an attachment PAR VALUE
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148 W. River Street, Providence, Rhode Island 02904-2615

Annual Report for the year:

Phone: (401) 222-3040 Website: www.sos.ri.gov

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