

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 149784		2. Exact name of the Corporation ALLSTON ST AUTO ELECTRIC INC.			
3. Principal Office Address 72 ALLSTON ST		City Providence		State RI	Zip 02908
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	Zip 02864	City Cumberland	State RI	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	Zip 02864	City Cumberland	State RI	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 Thomas Ray Jr					

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 **298971**