

Annual Report for the year: 2016
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 <u>149784</u>		2. Exact name of the Corporation <u>ALLSTON ST AUTO ELECTRIC INC.</u>			
3. Principal Office Address <u>72 ALLSTON ST</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02908</u>
4. NAICS Code <u>81</u> <input checked="" type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island <u>ALTERNATOR AND STARTER REBUILDER</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Joanne Jenson</u>			Vice-President Name <u>Thomas RAY JR</u>		
Street Address <u>24 Lemieux AVE</u>			Street Address <u>24 Lemieux AVE</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
Secretary Name <u>Thomas RAY JR</u>			Treasurer Name <u>Joanne Jenson</u>		
Street Address <u>24 Lemieux AVE</u>			Street Address <u>24 Lemieux AVE</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>0</u>	CLASS/SERIES	PAR VALUE <u>.01</u>
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. <u>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.</u>					
Name of Authorized Representative <u>Thomas RAY JR</u>					Date <u>3/21/17</u>
Signature of Authorized Representative <u>Thomas Ray Jr</u>					

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

10:22
FILED
MAR 23 2017

BY 02/17 0298971

FORM 630 - Revised: 02/2017