



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 21006		2. Exact name of the Corporation Portland Transmission Company			
3. Principal Office Address 290 Smith Street			City Providence	State RI	Zip 02908
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Transmission and general automotive repair			
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 Joseph R. Cardente			Vice-President Name		
Street Address 290 Smith Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Jeffrey M. Watts			Treasurer Name Joseph R. Cardente		
Street Address 290 Smith Street			Street Address 290 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIFS	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 Joseph R. Cardente, President				Date 1-15-18	
Signature of Authorized Representative 				Date 1-15-18	