

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**FILED****Annual Report for the year: 2018**  
**Corporation**

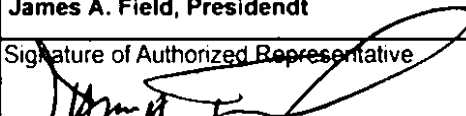
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BY

|  |  |   |  |                    |                     |
|--|--|---|--|--------------------|---------------------|
| 1. Entity ID Number<br><b>10218</b>  |  | 2. Exact name of the Corporation<br><b>General Armature Service, Inc.</b> |  |                    |                     |
| 3. Principal Office Address<br><b>516 Broad Street</b>   |  |   | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02907</b> |
| 4. NAICS Code<br><b>811198</b>   | 6. Brief description of the character of business conducted in Rhode Island<br><b>Repairing, rebuilding &amp; installing starters &amp; regulators of all kinds of vehicles and acquire by purchase, lease or otherwise equipment necessary to conduct business.</b> |   |  |                    |                     |
| 5. State of Incorporation<br><b>Rhode Island</b>   |  |   |  |                    |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |   |  |                    |                     |
| President Name<br><b>James A. Field</b>  |  |   | Vice-President Name<br><b>Kathleen M. Field</b>  |                    |                     |
| Street Address<br><b>295 Reynolds Road</b>   |  |   | Street Address<br><b>295 Reynolds Road</b>   |                    |                     |
| City<br><b>Chepachet</b>   | State<br><b>RI</b>   | Zip<br><b>02814</b>   | City<br><b>Chepachet</b>   | State<br><b>RI</b> | Zip<br><b>02814</b> |
| Secretary Name<br><b>Kathleen M. Field</b>   |  |   | Treasurer Name<br><b>James A. Field</b>  |                    |                     |
| Street Address<br><b>295 Reynolds Road</b>   |  |   | Street Address<br><b>295 Reynolds Road</b>   |                    |                     |
| City<br><b>Chepachet</b>   | State<br><b>RI</b>   | Zip<br><b>02814</b>   | City<br><b>Chepachet</b>   | State<br><b>RI</b> | Zip<br><b>02814</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |   |  |                    |                     |
| Director Name<br><b>James A. Field</b>   |  |   | Director Name  |                    |                     |
| Street Address<br><b>295 Reynolds Road</b>   |  |   | Street Address   |                    |                     |
| City<br><b>Chepachet</b>   | State<br><b>RI</b>   | Zip<br><b>02814</b>   | City   | State              | Zip                 |
| Director Name  |  |   | Director Name  |                    |                     |
| Street Address   |  |   | Street Address   |                    |                     |
| City   | State  | Zip   | City   | State              | Zip                 |
| 9. Shares Authorized   |  |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>        |                    |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |  |   | NUMBER OF SHARES   |                    |                     |
|  |  |   | CLASS/SERIALS  |                    | PAR VALUE           |
|  |  |   | <b>100</b>   | <b>COMMON</b>      | <b>NONE</b>         |
| 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.<br><b>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.</b> |  |   | Date<br><b>1-19-18</b>   |                    |                     |
| Name of Authorized Representative<br><b>James A. Field, President</b>  |  |   | Signature of Authorized Representative<br> |                    |                     |