RI SOS Filing Number: 201858313830 Date: 2/14/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**FILED**

FEB 14 2018

BY 8267

**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 | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 15910 | WARREN TIRE, INC. | | |
| 3. Principal Office Address | City | State | Zip |
| 420 BROADWAY | PAWTUCKET | RI | 02860 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | |
| 441320 | RETAIL SALES AND REPAIR OF TIRES | | |
| 5. State of Incorporation | | | |
| RHODE ISLAND | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| DENNIS BALDWIN | 56 GARVIN STREET | CUMBERLAND | RI | 02904 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| JEREMY BALDWIN | 120 JOHN STREET APT. 23 | CUMBERLAND | RI | 02864 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| COURTNEY BALDWIN-LARIVEE | 239 CHAPEL STREET | LINCOLN | RI | 02865 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| N/A | | | | |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| N/A | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| N/A | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| N/A | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| N/A | | | | |

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 8000 | CNP | $0.00 |
| | | |

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 | Date |
|---|---|
| DENNIS BALDWIN | 2/14/18 |

Signature of Authorized Representative: SIGN DOCUMENT HERE

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

**FORM 630 - Revised: 10/2017**