

FILEDState of Rhode Island and Providence Plantations
Department of State - Business Services Division

FEB 20 2018

Annual Report for the year: 2018
CorporationBY 0610
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- 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 139302		2. Exact name of the Corporation Rhyda Tire Company, Inc.			
3. Principal Office Address 199 Providence Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 423120		6. Brief description of the character of business conducted in Rhode Island e sale of new and used tires			
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 Marvin L. Paul			Vice-President Name Marvin L. Paul		
Street Address 199 Providence Street			Street Address 199 Providence Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Marvin L. Paul			Treasurer Name Marvin L. Paul		
Street Address 199 Providence Street			Street Address 199 Providence Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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	
500		Common		No Par Value	
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 Marvin L. Paul				Date 1-24-17	
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