RI SOS Filing Number: 201860245730 Date: 3/12/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

FOR

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
001661400	ROBIN AUTO TRANSMISSIONS, INC

3. Principal Office Address	City	State	Zip
66 RESERVOIR AVENUE	PROVIDENCE	RI	02907

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81124	REPAIRS TRANSMISSIONS
5. State of Incorporation: RHODE ISLAND	

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

President Name: ROBINSON A, RODRIGUEZ			Vice-President Name: SAME		
Street Address: 58 WILSON STREET			Street Address		
City: PROVIDENCE	State: RI	Zip: 02907	City	State	Zip
Secretary Name: SAME			Treasurer Name: SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name: SAME			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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8,000.00	CNP	$0.0000

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
ROBINSON RODRIGUEZ	03/01/2018

Signature of Authorized Representative: X Robinson Rodriguez — SIGN DOCUMENT HERE

FILED

MAR 12 2018

BY Heather DS

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: 10/2016