

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 000910037		2 Exact name of the Corporation NISSI TIRE INC			
3 Principal Office Address 54 BROOK STREET			City CENTRAL FALLS	State RI	Zip 02863
4 NAICS Code 441300		6 Brief description of the character of business conducted in Rhode Island AUTO TIRE SALES			
5 State of Incorporation RI					
7 List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name EDWIN J. CORNEJO			Vice President Name RANDOLFO D. CORNEJO		
Street Address 54 BROOK STREET			Street Address 85 AETNA STREET		
City CENTRAL FALLS	State RI	Zip 02863-2416	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name RANDOLFO D. CORNEJO			Treasurer Name EDWIN J. CORNEJO		
Street Address 85 AETNA STREET			Street Address 54 BROOK STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863-2416
8 List ALL directors (names and addresses) Check the box to indicate an attachment					
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 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
		2		COMMON	0
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 Edwin J. Cornejo					Date 3-29-18
Signature of Authorized Representative EDWIN J. CORNEJO <i>Edwin J. Cornejo</i>					

FILED

APR 02 2018

BY 25051464270 FORM 630 - Revised: 08/2017

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