

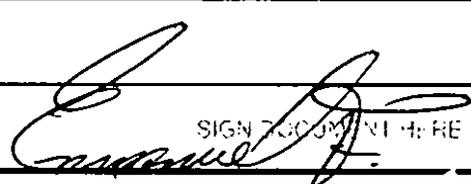


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
 2018 MAY 30 AM 9:39
 02909

1. Entity ID Number 000703216		2. Exact name of the Corporation National and International Tires, Inc.			
3. Principal Office Address 224 Union Ave			City Providence	State RI	Zip 02909
4. NAICS Code 811190		6. Brief description of the character of business conducted in Rhode Island Sale of Auto 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 Enmanuel Feliz Guerrero			Vice-President Name		
Street Address 224 Union Ave			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Enmanuel Feliz Guerrero			Treasurer Name Enmanuel Feliz Guerrero		
Street Address 224 Union Ave			Street Address 224 Union Ave		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000		CWP	\$0.0100
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 Enmanuel Feliz Guerrero				Date 05/30/2018	
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

FILED

9:39 MAY 30 2018

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