



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
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 <b>000103433</b>		2. Exact name of the Corporation <b>UNCLE'S TRANSMISSION SERVICE, INC</b>				
3. Principal Office Address <b>5 LARCH ST</b>			City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	
4. NAICS Code <b>221121</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTO SERVICE AND REPAIR OF TRANSMISSIONS</b>				
5. State of Incorporation <b>RI</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>ERIC L. WHALEN</b>			Vice-President Name			
Street Address <b>5 LARCH ST</b>			Street Address			
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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				
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		<b>0</b>	<b>0</b>	<b>0</b>		
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. <i>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.</i>						
Name of Authorized Representative <b>ERIC L. WHALEN</b>				Date <b>12/19/18</b>		
Signature of Authorized Representative						

**FILED****JAN 12 2019****2309**