



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

**FILED**

FEB 04 2019

BY 23365 *ea*

**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>000037411</b>		2. Exact name of the Corporation <b>Automotive Engineering Specialties, Inc.</b>			
3. Principal Office Address <b>1173 Warwick Avenue</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
4. NAICS Code <b>811111</b>		6. Brief description of the character of business conducted in Rhode Island <b>Automotive and truck repairs and maintenance</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Diane Plante</b>			Vice-President Name <b>Gregory P. Rameaka</b>		
Street Address <b>1173 Warwick Avenue</b>			Street Address <b>1173 Warwick Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
Secretary Name <b>Diane Plante</b>			Treasurer Name <b>Gregory P. Rameaka</b>		
Street Address <b>1173 Warwick Avenue</b>			Street Address <b>1173 Warwick Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		Common
					PAR VALUE
					No Par
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.					
<b>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.</b>					
Name of Authorized Representative <b>Gregory P. Rameaka</b>					Date <b>1/17/19</b>
Signature of Authorized Representative <i>Gregory P. Rameaka</i>					SIGN DOCUMENT HERE