



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<br><b>68005</b>   |  | 2. Exact name of the Corporation<br><b>RHODE ISLAND BATTERY EXCHANGE INC.</b>   |   |                            |                     |
| 3. Principal Office Address<br><b>133 SILVER SPRING STREET</b>  |  | City<br><b>PROVIDENCE</b>   |   | State<br><b>RI</b>         | Zip<br><b>02904</b> |
| 4. NAICS Code<br><b>441310</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>AUTOMOTIVE ELECTRONICS</b> |   |   |                            |                     |
| 5. State of Incorporation<br><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>MICHAEL J. SOVA, JR</b>   |  |   | Vice-President Name <b>FRANK ALMONTE</b>  |                            |                     |
| Street Address <b>10 EUSTON AVENUE</b>  |  |   | Street Address <b>11 DAMIEN COURT</b>     |                            |                     |
| City <b>CRANSTON</b>  | State <b>RI</b>  | Zip <b>02910</b>  | City <b>NORTH PROVIDENCE</b>              | State <b>RI</b>            | Zip <b>02911</b>    |
| Secretary Name <b>MICHAEL J. SOVA, JR</b>   |  |   | Treasurer Name <b>MICHAEL J. SOVA, JR</b> |                            |                     |
| Street Address <b>10 EUSTON AVENUE</b>  |  |   | Street Address <b>10 EUSTON AVENUE</b>    |                            |                     |
| City <b>CRANSTON</b>  | State <b>RI</b>  | Zip <b>02910</b>  | City <b>CRANSTON</b>                      | State <b>RI</b>            | Zip <b>02910</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>MICHAEL J SOVA JR.</b>   |  |   | Director Name                             |                            |                     |
| Street Address <b>10 EUSTON AVENUE</b>  |  |   | Street Address                            |                            |                     |
| City <b>CRANSTON</b>  | State <b>RI</b>  | Zip <b>02910</b>  | 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.   |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |   |                            |                     |
| Changes require an additional filing.   |  | NUMBER OF SHARES  |   | CLASS/SERIES               | PAY VALUE           |
|   |  | 100   |   | COMMON                     | 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. |  |   |   |                            |                     |
| 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<br><b>MICHAEL J. SOVA, JR., PRESIDENT</b>   |  |   |   | Date<br><b>7/31/19</b>     |                     |
| Signature of Authorized Representative<br>  |  |   |   | SIGN DOCUMENT <b>FILED</b> |                     |

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

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