RI SOS Filing Number: 201910525980 Date: 8/5/2019 4:00:00 PM

Cort	

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

AUTOMOTIVE ELECTRONICS  State of incorporation RI  7. List ALL officers (names and addresses)  Cry CRANSTON  State RI  Zip 02910  Cry NORTH PROVIDENCE  Street Address 10 EUSTON AVENUE  Cry CRANSTON  State RI  Zip 02910  Street Address 10 EUSTON AVENUE  Cry CRANSTON  State RI  Zip 02910  Cry CRANSTON  No PAR  THIS Intermetation is currently of record in the Department of State.  Director Name  Cry State Address  Creek the box to indicate an attachment Names Richard	→ Penalty: Additional \$25.00 fee if form is not filed by April 1.  1. Entity ID Number									
133 SILVER SPRING STREET  4. NAICS Code 4. NAICS Code 4. ALICS Code 6. Brief description of the character of business conducted in Rhode Island 4. ALICS Code 4. ALICS Code 4. ALICS Code 6. Brief description of the character of business conducted in Rhode Island 4. ALICS Code 4. ALICS Code 6. Brief description of the character of business conducted in Rhode Island 4. ALICS Code 6. Brief description of the character of business conducted in Rhode Island 4. ALICS Code 6. Brief description of the character of business conducted in Rhode Island 4. ALICS Code 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the character of business conducted in Rhode Island 6. Brief description of the Chack the box to indicate an attachment 6. Brief Address 6. Brief Address 6. Brief Address 7. Check the box to indicate an attachment 7. Brief Address 7. Bri	· · · · · · · · · · · · · · · · · · ·		·							
4. NAICS Code 441310  AUTOMOTIVE ELECTRONICS  State of Incorporation RI  7. List ALL Officers (names and addresses)  Check the box to indicate an attachment.  President Name MICHAEL J. SOVA, JR  Street Address 10 EUSTON AVENUE  City CRANSTON  State RI  Zip 02910  City NORTH PROVIDENCE  Street Address 10 EUSTON AVENUE  Street Address 10 EUSTON AVENUE  City CRANSTON  State RI  Zip 02910  City CRANSTON  City CRANSTON  State Zip  Director Name  Street Address  Street Address  City CRANSTON  State RI  Zip 02910  City CRANSTON	3. Principal Office Address			·		State	Zip			
AUTOMOTIVE ELECTRONICS  5. State of Incorporation RI  7. List ALL Officers (names and addresses)  Check the box to indicate an attachment.  President Name MICHAEL J. SOVA, JR  Street Address 10 EUSTON AVENUE  City CRANSTON  State RI  Zip 02910  City NORTH PROVIDENCE  Street Address 10 EUSTON AVENUE  Street Address 10 EUSTON AVENUE  City CRANSTON  State RI  Zip 02910  City CRANSTON  Common No PAR  Changes require an additional filing.  100 COMMON  NO PAR  Changes require an additional filing.  11. 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. Contained herein are true and correct.  Name of Authorized Representative	133 SILVER SPRING STREET			PROVIDENC	E	RI	02904			
5 State of Incorporation RI  7 List ALL officers (names and addresses)  Check the box to indicate an attachment President Nome MICHAEL J. SOVA, JR  Street Address 10 EUSTON AVENUE  City CRANSTON  State RI  Zip 02910  City NORTH PROVIDENCE  State RI  Zip 02911  Secretary Name MICHAEL J. SOVA, JR  Street Address 10 EUSTON AVENUE  City CRANSTON  State RI  Zip 02910  City CRANSTON  Director Name  City CRANSTON  State RI  Zip 02910  City CRANSTON  City CRANSTON  State RI  Zip 02910  City CRANSTON  City State  Zip  Director Name  City CRANSTON  State RI  Zip 02910  City CRANSTON  City State Zip  State Address  City State Zip  Street Address  City State Zip  State Ri  Zip 02910  City CRANSTON  City CRANSTON  NO PAR  Changes require an additional filling.  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 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  Date  Director Name  Changes require an additional filling.	4. NAICS Code	6. Brief desc	ription of the charac	cter of business co	onducted in Rhode	Island	•			
RI 7. List ALL officers (names and addresses) Check the box to indicate an attachment. President Name MICHAEL J. SOVA, JR Street Address 10 EUSTON AVENUE Street Address 10 EUSTON AVENUE  City CRANSTON Street Address 10 EUSTON AVENUE  City CRANSTON State Ri Zip 02910 State Address Check the box to indicate an attachment Director Name City CRANSTON State Ri Zip 02910 City CRANSTON State Zip City CRANSTON State Zip City CRANSTON City CRANSTON State Zip City State Zip State Zip State Address City State Zip State Address City CRANSTON City State Zip City CRANSTON City CRANSTON City CRANSTON City CRANSTON City CRANSTON City State Zip City State Zip City State Zip City State Zip City CRANSTON Common NO PAR Changes require an additional filing. City CRANSTON NO PAR Changes require an additional filing. City CRANSTON NO PAR Changes require an additional filing. City CRANSTON NO PAR Changes require an additional filing. City CRANSTON NO PAR Changes require an additional filing. Common NO PAR Changes require an additional filing. Changes require an additional filing. Changes req	441310	AUTOMOTIVE ELECTRONICS								
7. List ALL Officers (names and addresses)  7. Check the box to indicate an attachment of the corporation by an authorized representative. If the corporation is in the hands of a receiver frustee, this report must be executed on behalf of the corporation by the receiver or trustee. This report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of penilty of perilty. Personal penilty of penilty of penilty of penilty of personal penilty of penil	5. State of Incorporation									
Vice-President Name   FRANK ALMONTE	RI									
Street Address 10 EUSTON AVENUE  City CRANSTON  State RI  Zip 02910  City NORTH PROVIDENCE  State RI  Zip 02911  Treasurer Name MICHAEL J. SOVA, JR  Street Address 10 EUSTON AVENUE  City CRANSTON  State Ri  Zip 02910  Check the box to indicate an attachment.  Director Name  Street Address 10 EUSTON AVENUE  City CRANSTON  State Ri  Zip 02910  City CRANSTON  State Zip  City CRANSTON  Director Name  Street Address  City CRANSTON  State Ri  Zip 02910  City CRANSTON  State Zip  City State Zip  Check the box to indicate an attachment  NUMBER OF SINGRES  CLASSIGHES  MAT WAULL  Department of State.  Changes require an additional filling.  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 trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Indeer penalty of perjuny 1 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  MICHAEL J. SOVA, Jir, PRESIDENT  Signature of Authorized Authorized Signature of Authorized Sig	7. List ALL officers (names an	id addresses)				k the box to	indicate an attachment 🔲			
City CRANSTON  Secretary Name MICHAEL J. SOVA, JR  Treasurer Name MICHAEL J. SOVA, JR  Street Address  10 EUSTON AVENUE  City CRANSTON  State RI  Street Address  10 EUSTON AVENUE  City CRANSTON  State RI  Street Address  Check the box to indicate an attachment  Director Name  MICHAEL J SOVA JR.  Street Address  Check the box to indicate an attachment  Director Name  City CRANSTON  State RI  Street Address  Check the box to indicate an attachment  Director Name  City CRANSTON  Director Name  City CRANSTON  State RI  Street Address  City CRANSTON  Director Name  City State  Zip  City State  Zip  City State  Zip  9 Shares Authonzed  This information is currently of record in the NUMBER OF STARES  CLASSISPINES  FAR VALUE  Department of State.  10. Shares Issued  Check the box to indicate an attachment  NUMBER OF STARES  CLASSISPINES  FAR VALUE  To Department of State.  10. 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 frustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Date  Date  To 2911  The state RI  Zip 02910  City CRANSTON  State RI  Zip 02910  City State  Zip  City State  Zip  City State  Zip  Director Name  Check the box to indicate an attachment  NUMBER OF STARES  CLASSISPINES  FAR VALUE  TO AND THE COMMON  NO PAR  The address of the box to indicate an attachment in the hands of a receiver frustee, this report must be executed on behalf of the corporation by the receiver or trustee.  The corporation is in the hands of a receiver frustee, this report must be executed on behalf of the corporation by the receiver or trustee.  The corporation is in the hands of a receiver frustee, this report must be executed on behalf of the corporation by the receiver or trustee.  The corporation is in the hands of a receive	President Name MICHAEL J. S	SOVA, JR			FRANK ALI					
Screetary Name MICHAEL J. SOVA, JR  Street Address  10 EUSTON AVENUE  City CRANSTON  State RI  Zip 02910  City CRANSTON  State RI  Director Name  MICHAEL J SOVA JR  Street Address  Check the box to indicate an attachment  Director Name  Street Address  10 EUSTON AVENUE  City CRANSTON  State RI  Zip 02910  City CRANSTON  State RI  Zip 02910  City State  Zip  Director Name  Street Address  Street Address  City CRANSTON  State RI  Zip 02910  City State  Zip  City State  Zip  City State  Zip  9 Shares Authonzed  10 Shares Issued  Check the box to indicate an attachment  NUMBER OF SHARES  CLASSISHEES  FAR VALUE  Department of State.  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 frustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Name of Authorized Representative  MICHAEL J SOVA, JR. PRESIDENT  Signature of Authorized Representative  Date  TA31/A9  Signature of Authorized Representative	Street Address 10 EUSTON AVENUE									
Street Address  10 EUSTON AVENUE  City CRANSTON  State RI  Zip 02910  City CRANSTON  State RI  Zip 02910  City CRANSTON  State RI  Zip 02910  Check the box to indicate an attachment  Director Name  MICHAEL J SOVA JR.  Street Address  10 EUSTON AVENUE  City  CRANSTON  State  Zip 02910  City  CRANSTON  State  Zip 02910  City  State  Zip  City  State  Numeer Of State  Check the box to indicate an attachment  Numeer Of State  Common  NO PAR  This information is currently of record in the Numeer Of State  Chassient Size  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  Date  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized Redresentative  Signature of Authorized Redresentative  Signature of Authorized Redresentative	City CRANSTON	State RI	<sup>Zip</sup> 02910	City NORTH F	<del></del>		<sup>Zip</sup> 02911			
City CRANSTON  8. List ALL directors (names and addresses)  Check the box to indicate an attachment  Director Name  MICHAEL J SOVA JR.  Street Address  10 EUSTON AVENUE  City CRANSTON  State Ri Zip 02910  City CRANSTON  Director Name  Street Address  10 EUSTON AVENUE  City CRANSTON  Director Name  Director Name  Director Name  Street Address  City State Zip City State Zip  9. Shares Authonized  10. Shares Issued Check the box to indicate an attachment  NUMBER OF SHARES CLASSISHES PARTAULUE  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 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.  MICHAEL J. SOVA, JR., PRESIDENT  Signalwire of Authonized Representative  MICHAEL J. SOVA, JR., PRESIDENT  Signalwire of Authonized Representative	Secretary Name MICHAEL J. SOVA, JR			Treasurer Name MICHAEL J. SOVA, JR						
8 List ALL directors (names and addresses)  Director Name  MICHAEL J SOVA JR.  Street Address  10 EUSTON AVENUE  City CRANSTON  Director Name  Director Name  Street Address  Street Address  City State  Director Name  Director Name  Director Name  Street Address  Street Address  City State  Zip  City State  Zip  Other Address  Check the box to indicate an attachment Address  Check the box to indicate an attachment NUMBER OF STRAES  CLASSISSER ES  PAR VALUE  Department of State.  100  COMMON  NO PAR  This information is currently of record in the NUMBER OF STRAES  CLASSISSER ES  PAR VALUE  This report must be executed on behalf of the corporation by an authorized representative If the corporation is in the hands of a receiver 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.  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized Representative										
Director Name   Director Name	City CRANSTON	State RI	<sup>Zip</sup> 02910			State RI	<sup>Zip</sup> 02910			
Street Address  10 EUSTON AVENUE  Street Address  City CRANSTON  State RI  Director Name  Director Name  Director Name  Street Address  Street Address  Street Address  City State  Zip  City State  Zip  City State  Zip  State  Zip  Other Address  City State  Zip  Other Address  Check the box to indicate an attachment NUMBER OF SHARES  FAR VALUE  Department of State.  Changes require an additional filing.  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 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  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized Representative		and addresses)	<b>.</b>	<u> </u>	Chec	k the box to	indicate an attachment 🔲			
City CRANSTON State RI Zip O2910 City State Zip  Director Name  Street Address  City State Zip City State Zip City State Zip  9. Shares Authorized This information is currently of record in the Department of State.  10. Shares Issued Check the box to indicate an attachment NUMBER OF SIMARES CLASSINGHES PAR VALUE  10. 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 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  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized Representative	Director Name MICHAEL J SC	OVA JR.		Director Name						
Director Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Check the box to indicate an attachment NUMBER OF SHARES  CLASSIBLES  PAR 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 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  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized Representative	Street Address 10 EUSTON AVENUE			Street Address						
Street Address  City  State  Zip  City  State  Zip  Check the box to indicate an attachment This information is currently of record in the Department of State.  10. Shares Issued  Check the box to indicate an attachment NUMBER OF SHARES  CLASSISER ES  PAR 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 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  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized Representative	City CRANSTON	State RI	<sup>Zip</sup> <b>02910</b>	City		State	Zip			
City  State  Zip  City  State  Zip  9. Shares Authorized  This information is currently of record in the Department of State.  Changes require an additional filling.  10. Shares Issued  Check the box to indicate an attachment NUMBER OF SPARES  CLASSISERES  PAR 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 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  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized Representative	Director Name	<u> </u>		Director Name						
9. Shares Authonized This information is currently of record in the Department of State.  10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASSIBER ES PAR 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 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  MICHAEL J. SOVA, JR., PRESIDENT Signature of Authorized Representative	Street Address			Street Address						
9. Shares Authonized This information is currently of record in the Department of State.  10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASSIBER ES PAR 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 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  MICHAEL J. SOVA, JR., PRESIDENT Signature of Authorized Representative										
This information is currently of record in the Department of State.  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 trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  12. 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.  13. Name of Authorized Representative  14. Sova, JR., PRESIDENT  15. Date  16. CASS'SERES  100  100  100  100  100  100  100  1	City	State	Zıp	City		State	Zıp			
This information is currently of record in the Department of State.  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 trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  12. 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.  13. Name of Authorized Representative  14. Sova, JR., PRESIDENT  15. Date  16. CASS'SERES  100  100  100  100  100  100  100  1	Shares Authorized	<del> </del>	10. Shares Iss	L sued	Chec	k the box to	I indicate an attachment □			
Changes require an additional filing.  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 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  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized Representative	This information is currently of record in the Department of State.									
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 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  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized Representative			100		COMMON		NO PAR			
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  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized Representative										
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  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized Representative	11. This report must be execu	ted on behalf of the	corporation by an	authorized repres	entative If the corp	oration is in	the hands of a receiver or			
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized. Regresentative										
Name of Authorized Representative  MICHAEL J. SOVA, JR., PRESIDENT  Signature of Authorized Representative					cluding any acco	mpanying s	schedules and			
Signature of Authorized Regresentative						Date	/ /			
Signature of Authorized Representative  SIGN DOCUMENT FILED	MICHAEL J. SOVA, JR., PR	ESIDENT				17	/31/19			
Mulaulsons FILED	Signature of Authorizet Repre	esentative	00000			7	<del>- • •</del>			
	Michaelson	18/	SIGN DO	COMENT FILE	יט					

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 0 5 2019

BY 018584

FORM 630 - Revised: 10/2017