



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

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 BUS SVCS DIV

2019 SEP -6 P 4:08 STAMP

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 21006		2. Exact name of the Corporation Portland Transmission Company			
3. Principal Office Address 81 Royal Avenue			City Providence	State RI	Zip 02904
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Transmission and general automotive repair			
5. State of Incorporation R.I					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph R. Cardente			Vice-President Name		
Street Address 81 Royal Avenue			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Jeffrey M. Watts			Treasurer Name Joseph R. Cardente		
Street Address 81 Royal Avenue			Street Address 81 Royal Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	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 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 Joseph R. Cardente				Date 9-6-2019	
Signature of Authorized Representative FILED <small>SIGN DOCUMENT HERE</small>					

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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 SEP 06 2019
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