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

FILED STAMP
JAN 08 2020
BY

Annual Report for the year: 2020
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	2. Exact name of the Corporation
000115739	KELLEY'S TRANSMISSION CENTER, INC.

3. Principal Office Address	City	State	Zip
454 Central Avenue	Pawtucket	RI	02861

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811111	To operate an automobile and truck transmission center.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Alberto A. Tapia			Vice-President Name: Alberto A. Tapia		
Street Address: 20 Florida Avenue			Street Address: 20 Florida Avenue		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Alberto A. Tapia			Treasurer Name: Alberto A. Tapia		
Street Address: 20 Florida Avenue			Street Address: 20 Florida Avenue		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Alberto A. Tapia			Director Name		
Street Address: 20 Florida Avenue			Street Address		
City: Cranston	State: RI	Zip: 02920	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 ☐

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.

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
Alberto A. Tapia	

Signature of Authorized Representative: X Alberto Tapia SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017