



State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year: 2020

DEC 08 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.

BY Eric L Whalen  
DS

1. Entity ID Number 103433		2. Exact name of the Corporation UNCLES TRANSMISSION <u>Service Inc</u>			
3. Principal Office Address 5 LARCH ST			City SMITHFIELD		State RI
					Zip 02917
4. NAICS Code <u>721121</u>		6. Brief description of the character of business conducted in Rhode Island THE WHOLESALE AND RETAIL SALES, SERVICE AND REPAIRS TO AUTO TRANSMISSIONS. PARTS AND GENERAL AUTO REPAIR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ERIC L WHALEN			Vice-President Name ERIC L WHALEN		
Street Address 5 LARCH ST			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name ERIC L WHALEN			Treasurer Name ERIC L WHALEN		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name ERIC L WHALEN			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		0
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 ERIC L WHALEN					Date 11/16/2020
Signature of Authorized Representative 					

MAIL TO:  
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