RI SOS Filing Number: 202213141550 Date: 3/14/2022 4:00:00 PM

| Department of Sta | Division | rision Total Company | | | | | |
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| Annual Report for the year Corporation → Filing period: February 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 to | MAR 14 2022 By | | | | | | |
| 1. Entity ID Number 001685268 | 2. Exact name of the Corporation AAA AUTOMOTIVE SERVICE CORP | | | | | | |
| 3. Principal Office Address 55 WESTFIELD DRIVE | | | City EAST GR | EENWICH | State RI | | Zip 02818 |
| 4. NAICS Code 484121 5. State of Incorporation RI | 6. Brief description of the character of business conducted in Rhode Island GENERAL FREIGHT TRRCKING, LONG DISTANCE TRUCKLOAD | | | | | | |
| 7. List ALL officers (names and ad | ldresses) | | | | k the box to in | ndicațe a | n attachment 🔲 |
| President Name ANTHONY J. | Vice-President Name | | | | | | |
| Street Address 55 WESTFIELD DRIVE | | | Street Address | | | | |
| City EAST GREENWICH | State RI | ^{Zip} 02818 | City | | State | | Zip |
| Secretary Name | Treasurer Name | | | | | | |
| Street Address | Street Address | | | | | | |
| City | State | Zip | City | City | | | Zip |
| List ALL directors (names and a Director Name Street Address | addresses) | | Director Name Street Address | | k the box to i | ndicate a | n attachment 🔲 |
| City | State | Zip | City | City | | | Zip |
| Director Name | Д | | Director Name | Director Name | | | |
| Street Address | Street Address | | | | | | |
| City | State | Zip | City | | State | | Zip |
| 9. Shares Authorized | 10. Shares Iss | | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 1000 | NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE |
| | | | | | | | |
| 11. This report must be executed trustee, this report must be execu | | | | | poration is in | the hand | s of a receiver or |
| Under penalty of perjury, I decl statements, and that all statem | are and affirm | that I have exemir | ed this report, i | | mpanying s | chedule | s and |
| Name of Authorized Representati | · | - | Date 3 | 18 | 2> | | |
| ANTHONY J. CATALANG Signature of Authorized Represer | | | ·········· | | | , | 1 - 7 |
| - Control of the Cont | | | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov