



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILEDAMP

JAN 31 2023 STATE

BY 179

1. Entity ID Number 68005		2. Exact name of the Corporation RHODE ISLAND BATTERY EXCHANGE, INC.			
3. Principal Office Address 133 Silver Spring Street			City Providence	State RI	Zip 02904-0000
4. NAICS Code 441310		6. Brief description of the character of business conducted in Rhode Island automotive electronics			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael J. Sova, Jr.			Vice-President Name none		
Street Address 10 Euston Avenue			Street Address none		
City Cranston	State RI	Zip 02910-	City none	State none	Zip none
Secretary Name Michael J. Sova, Jr.			Treasurer Name Michael J. Sova, Jr.		
Street Address 10 Euston Avenue			Street Address 10 Euston Avenue		
City Cranston	State RI	Zip 02910-	City Cranston	State RI	Zip 02910-
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Michael J. Sova, Jr.			Director Name none		
Street Address 10 Euston Avenue			Street Address none		
City Cranston	State RI	Zip 02910-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		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.					
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					Date 1/04/2023
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov