



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
FEB 07 2024
[Signature]

1. Entry ID Number 000082578		2. Exact name of the Corporation THE TRANSMISSION SHOP, INC			
3. Principal Office Address 30 Newell Court			City Coventry	State RI	Zip 02816
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island To operate an automotive repair business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Douglas P St Jean			Vice-President Name Scott J St Jean		
Street Address 30 Newell Court			Street Address 30 Newell Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Douglas P St Jean			Treasurer Name Scott J St Jean		
Street Address 30 Newell Court			Street Address 30 Newell Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Douglas P St Jean			Director Name Scott J St Jean		
Street Address 30 Newell Court			Street Address 30 Newell Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				PAR VALUE	
				No par value	
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 Douglas P St Jean				Date 2-2-2024	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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