



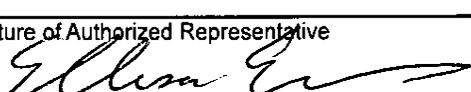
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

MAR 07 2024 AMP
 BY 95 FOR DS

- 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 000009135		2. Exact name of the Corporation E & E Tire, Inc.			
3. Principal Office Address 87 West Broad Street			City Pawcatuck	State CT	Zip 06379
4. NAICS Code 447190		6. Brief description of the character of business conducted in Rhode Island Sale of gas, oil, tires and other automotive accessories.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ellison Evans			Vice-President Name		
Street Address 87 West Broad Street			Street Address		
City Pawcatuck	State CT	Zip 06379	City	State	Zip
Secretary Name Allison M. Trefes			Treasurer Name		
Street Address 461 Atlantic Avenue			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ellison Evans			Director Name		
Street Address 87 West Broad Street			Street Address		
City Pawcatuck	State CT	Zip 06379	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500		Common	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 Ellison Evans, President					Date 2/14/24
Signature of Authorized Representative 			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