



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

APR 23 2024

BY *[Signature]* 114386

1. Entity ID Number 102487		2. Exact name of the Corporation Yankee Auto Electric Co., Inc.										
3. Principal Office Address 156 Division Street		City Pawtucket		State RI	Zip 02860							
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island To rebuild and repair components for various electrical systems for domestic, foreign and commercial motor vehicles.										
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 Bradley S. Nystrom		Vice-President Name Einar S. Nystrom										
Street Address 9 Barnacle Road		Street Address 102 Spring Street										
City Narragansett	State RI	Zip 02882	City Rehoboth	State MA	Zip 02769							
Secretary Name Bradley S. Nystrom		Treasurer Name Keli Prestly										
Street Address 9 Barnacle Road		Street Address 726 Ledge Road										
City Narragansett	State RI	Zip 02882	City Seekonk	State MA	Zip 02771							
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Bradley S. Nystrom		Director Name Keli Prestly										
Street Address 9 Barnacle Road		Street Address 726 Ledge Road										
City Narragansett	State RI	Zip 02882	City Seekonk	State MA	Zip 02771							
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 Check the box to indicate an attachment <input type="checkbox"/>										
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAY VALUE</th></tr></thead><tbody><tr><td>100</td><td>Common</td><td>No Par</td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAY VALUE	100	Common	No Par	
NUMBER OF SHARES	CLASS/SERIES	PAY 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 Bradley S. Nystrom				Date 4/17/24								
Signature of Authorized Representative <i>Bradley S. Nystrom</i>												

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017