



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
STAMP
MAY 08 2024

BY

1. Entity ID Number 000115739		2. Exact name of the Corporation KELLEY'S TRANSMISSION CENTER, INC												
3. Principal Office Address 454 CENTRAL AVENUE			City PAWTUCKET	State RI	Zip 02861									
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island TO OPERATE AN AUTOMOBILE AND TRUCK TRANSMISSION CENTER												
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 ALBERTO TAPIA			Vice-President Name SAME											
Street Address 20 FLORIDA AVENUE			Street Address											
City CRANSTON	State RI	Zip 02920	City	State	Zip									
Secretary Name SAME			Treasurer Name SAME											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name ALBERTO TAPIA			Director Name											
Street Address 20 FLORIDA AVENUE			Street Address											
City CRANSTON	State RI	Zip 02920	City	State	Zip									
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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center">100</td> <td style="text-align:center">COMMON</td> <td style="text-align:center">NO PAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
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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 ALBERTO TAPIA				Date 04/05/2024										
Signature of Authorized Representative 														