



State of Rhode Island  
Department of State - Business Services Division

**FILED**

Annual Report for the year: 2024  
Corporation

JUL 11 2024

BY 22759

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

1. Entity ID Number <u>0012241</u>		2. Exact name of the Corporation <u>Smithfield Diesel + Transmission Repair, Inc.</u>			
3. Principal Office Address <u>170 G Washington Hwy</u>		City <u>Smithfield</u>		State <u>RI</u>	Zip <u>02917</u>
4. NAICS Code <u>81111</u>		6. Brief description of the character of business conducted in Rhode Island <u>Heavy duty diesel engine repair</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Juan E. Frattarelli</u>			Vice-President Name <u>Anthony A. Frattarelli III</u>		
Street Address <u>8 Stone Post Way</u>			Street Address <u>53 C Nelson Terrace</u>		
City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>	City <u>No. Providence</u>	State <u>RI</u>	Zip <u>02904</u>
Secretary Name <u>"</u>			Treasurer Name <u>"</u>		
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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	PAR VALUE
		<u>100</u>			
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. <b>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.</b>					
Name of Authorized Representative <u>Juan E Frattarelli</u>					Date <u>7/9/2024</u>
Signature of Authorized Representative <u>Juan E Frattarelli</u>					

MAIL TO:  
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