



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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
MAR 05 2025
BY 3575

1. Entity ID Number 000103433		2. Exact name of the Corporation UNCLE'S TRANSMISSION SERVICE, INC			
3. Principal Office Address 5 LARCH ST			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 221121		6. Brief description of the character of business conducted in Rhode Island AUTO SERVICE AND REPAIR OF TRANSMISSIONS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ERIC L. WHALEN			Vice-President Name		
Street Address 5 LARCH ST			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name			Treasurer Name		
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 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"/>		
			NUMBER OF SHARES	CLASS/ES	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 ERIC L. WHALEN				Date 01.20.25	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov