

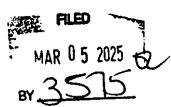
State of Rhode Island

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 no	ot filed by May 31.				
Entity ID Number		2. Exact name of the Corporation				
000103433	UNCLE'	UNCLE'S TRANSMISSION SERVICE, INC				
3. Principal Office Address			City	State	Zıp	
5 LARCH ST			SMITHFIELD	RI	02917	
4. NAICS Code	6. Brief descri	ption of the charact	ter of business conducte	d in Rhode Island		
1 221121	AUTO SE	AUTO SERVICE AND REPAIR OF TRANSMISSIONS				
5. State of Incorporation						
RI						
7. List ALL officers (names and	d addresses)			Check the box to indicate an attachment		
President Name ERIC L. WHALEN			Vice-President Name			
Street Address 5 LARCH ST			Street Address			
City SMITHFIELD	State RI	^{Zip} 02917	City	State	Zıp	
Secretary Name	<u> </u>	Treasurer Name			•	
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
8. List ALL directors (names a	nd addresses)		<u> </u>	Check the box to ind	icate an attachment	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
9. Shares Authorized	<u> </u>	10. Shares Iss	ued	Check the box to inc	dicate an attachment	
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES FAR VALUE		
Department of State.					1	
Changes require an additional filing.		<u> </u>		<u></u>	 	
11 This report must be execut	ted on behalf of the	corporation by an a	uthorized representative	If the corporation is	in the hands of a re-	
ceiver or trustee, this report m	ust be executed on	behalf of the corpo	ration 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				Date		
ERIC L. WHALEN				01.20.25		
Signature of Authorized Representative						
11/2/2/2016						
MAIL TO:						

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov