



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2010

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                            |                    |                                                                             |                           |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------|---------------------------|---------------------|
| 1. Entity ID No.<br><b>100055</b>                                                                                                                          |                    | 2. Exact name of the Corporation<br><b>NEW ENGLAND DEALER SERVICES INC.</b> |                           |                     |
| 3. Principal office address<br><b>2970 MANDON RD. UNIT 161</b>                                                                                             |                    | City<br><b>CUMBERLAND</b>                                                   | State<br><b>RI</b>        | Zip<br><b>02864</b> |
| 4. Business Phone No.<br><b>401-641-5875</b>                                                                                                               |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                            |                           |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>WHOLESALE PURCHASE + SALE OF VEHICLES</b>                                |                    |                                                                             |                           |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>                                                        |                    |                                                                             |                           |                     |
| President Name<br><b>PETER PALLVINICIO</b>                                                                                                                 |                    | Vice-President Name<br><b>PETER PALLVINICIO</b>                             |                           |                     |
| Street Address<br><b>2970 MANDON RD. #161</b>                                                                                                              |                    | Street Address<br><b>2970 MANDON RD. #161</b>                               |                           |                     |
| City<br><b>CUMBERLAND</b>                                                                                                                                  | State<br><b>RI</b> | Zip<br><b>02864</b>                                                         | City<br><b>CUMBERLAND</b> | State<br><b>RI</b>  |
| Secretary Name<br><b>PETER PALLVINICIO</b>                                                                                                                 |                    | Treasurer Name<br><b>PETER PALLVINICIO</b>                                  |                           |                     |
| Street Address<br><b>2970 MANDON RD. #161</b>                                                                                                              |                    | Street Address<br><b>2970 MANDON RD. #161</b>                               |                           |                     |
| City<br><b>CUMBERLAND</b>                                                                                                                                  | State<br><b>RI</b> | Zip<br><b>02864</b>                                                         | City<br><b>CUMBERLAND</b> | State<br><b>RI</b>  |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>                                                       |                    |                                                                             |                           |                     |
| Director Name<br><b>PETER PALLVINICIO</b>                                                                                                                  |                    | Director Name                                                               |                           |                     |
| Street Address<br><b>2970 MANDON RD. #161</b>                                                                                                              |                    | Street Address                                                              |                           |                     |
| City<br><b>CUMBERLAND</b>                                                                                                                                  | State<br><b>RI</b> | Zip<br><b>02864</b>                                                         | City                      | State               |
| Director Name                                                                                                                                              |                    | Director Name                                                               |                           |                     |
| Street Address                                                                                                                                             |                    | Street Address                                                              |                           |                     |
| City                                                                                                                                                       | State              | Zip                                                                         | City                      | State               |
| <b>9. SHARES AUTHORIZED</b>                                                                                                                                |                    |                                                                             |                           |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet. |                    |                                                                             |                           |                     |
| <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>                                                                                 |                    |                                                                             |                           |                     |
| NUMBER OF SHARES<br><b>0</b>                                                                                                                               |                    | CLASS/SERIES                                                                | PAR VALUE                 |                     |

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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.

File Date  
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**FILED**  
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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.

*Peter Pallvinicio*      11/13/15  
 Signature of Authorized Representative      Date

Peter Pallvinicio  
 Print or Type Name of Authorized Representative