



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 **2016**

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. 000861896		2. Exact name of the Corporation New England Golf Cars, Inc.			
3. Principal office address 62 Industrial Way			City Seekonk	State MA	Zip 02771
4. Business Phone No. 508 336-4285			5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island Sales, service and Rentals of Golf Cars and parts.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Scott Cookson			Vice-President Name John Barnes		
Street Address 19 Wolf Hill Drive			Street Address 8 Wildbrook Drive		
City Swansea	State MA	Zip 02777	City Plaistow	State NH	Zip 03865
Secretary Name Karen Cookson			Treasurer Name Jeri Barnes		
Street Address 19 Wolf Hill Drive			Street Address 8 Wildbrook Drive		
City Swansea	State MA	Zip 02777	City Plaistow	State NH	Zip 03865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10,000	Common	none

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Karen M Cookson
 Signature of Authorized Representative

1/18/2016
 Date

FILED

Karen Cookson

Print or Type Name of Authorized Representative

JAN 21 2016
 by H/L 13135