



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 95360		2. Exact name of the Corporation NORTHEAST RACE CARS AND PARTS INC.			
3. Principal Office Address 244 DAVIS DRIVE		City PASCOAG		State RI	Zip 02859
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island THE SALE RETAIL AND WHOLESALE OF RACE CAR PARTS AND CONSULTING SERVICES RELATIVE TO RACE CARS AND RACING				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRADLEY LAFONTAINE			Vice-President Name BRADLEY LAFONTAINE		
Street Address 244 Davis Drive			Street Address 244 Davis Drive		
City Pascoat	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name BRADLEY LAFONTAINE			Treasurer Name BRADLEY LAFONTAINE		
Street Address 244 Davis Drive			Street Address 244 Davis Drive		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BRADLEY LAFONTAINE			Director Name		
Street Address 244 Davis Drive			Street Address		
City Pascoag	State RI	Zip 02859	City	State RI	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 500	CLASS/SERIES COMMON	PAR VALUE NO PAR
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 BRADLEY LAFONTAINE					Date 2/21/17
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

FILED

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FORM 630 - Revised: 02/2017