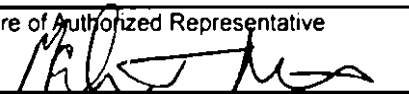




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
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 104635		2. Exact name of the Corporation HIGH TECH AUTOMOTIVE, INC.			
3. Principal Office Address 827 SMITHFIELD AVENUE		City LINCOLN		State RI	Zip 02865
4. NAICS Code 81121		6. Brief description of the character of business conducted in Rhode Island AUTO REPAIRS, SERVICE AND ACCESSORIES			
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 MARK NEVES			Vice-President Name HELEN NEVES		
Street Address 155 SPRING GROVE AVENUE			Street Address 155 SPRING GROVE AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name HELEN NEVES			Treasurer Name MARK NEVES		
Street Address 155 SPRING GROVE AVENUE			Street Address 155 SPRING GROVE AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARK NEVES			Director Name HELEN NEVES		
Street Address 155 SPRING GROVE AVENUE			Street Address 155 SPRING GROVE AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
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 2000	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 MARK NEVES					Date 02/07/2018
Signature of Authorized Representative 					FILED

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

MAR 01 2018
BY 14787 DS **FORM 630 - Revised: 10/2017**