



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 **2018**

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. 100055		2. Exact name of the Corporation NEW ENGLAND DEALER SERVICES, INC. (441/207)			
3. Principal office address 2970 Mendon Road, Unit #161			City Cumberland	State RI	Zip 02864
4. Business Phone No. 641-5875			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Wholesale Purchase and sale of vehicles					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Peter Delvecchio			Vice-President Name Peter Delvecchio		
Street Address 2970 Mendon Road, Unit #161			Street Address 2970 Mendon Road, Unit #161		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Peter Delvecchio			Treasurer Name Peter Delvecchio		
Street Address 2970 Mendon Road, Unit #161			Street Address 2970 Mendon Road, Unit #161		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Peter Delvecchio			Director Name		
Street Address 2970 Mendon Road, Unit #161			Street Address		
City Cumberland	State RI	Zip 02864	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
			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 _____	FILED APR 02 2018 003041
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.

[Signature] 12/28/17
Signature of Authorized Representative Date

Peter Delvecchio

Print or Type Name of Authorized Representative