



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 102396		2. Exact name of the Corporation New England Truck and Auto Shine, Inc.										
3. Principal Office Address PO Box 7541		City Cumberland	State RI									
		Zip 02864										
4. NAICS Code 53120	6. Brief description of the character of business conducted in Rhode Island Graphic design, application and removal services for trucks, trailers, cabs, and other vehicles or other parties stationary or mobile.											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>												
President Name Jason Jarvis		Vice-President Name Melissa Jarvis										
Street Address PO Box 7541		Street Address PO Box 7541										
City Cumberland	State RI	City Cumberland	State RI									
Zip 02864		Zip 02864										
Secretary Name Melissa Jarvis		Treasurer Name Jason Jarvis										
Street Address PO Box 7541		Street Address PO Box 7541										
City Cumberland	State RI	City Cumberland	State RI									
Zip 02864		Zip 02864										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Jason Jarvis		Director Name										
Street Address PO Box 7541		Street Address										
City Cumberland	State RI	City	State									
Zip 02864		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SES	PAR VALUE	100	Common	No Par			
NUMBER OF SHARES	CLASS/SES	PAR VALUE										
100	Common	No Par										
Changes require an additional filing.												
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 Jason Jarvis		Date 2/6/18										
Signature of Authorized Representative 		FILED APR 02 2018 BY 12375 DS										