



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 129018		2. Name of Corporation Engine-New-Ity Complete Auto Repair, Inc.			
3. Street Address Principal Business Office 65 Ledward Avenue			City Westerly	State RI	Zip 02891
4. Business Phone No. (5) 348-0450		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island AUTOMOBILE REPAIR					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM TELL			Vice President Name DEBRA J TELL		
Street Address 4 BRASS RING ROAD			Street Address 4 BRASS RING ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name DEBRA J TELL			Treasurer Name WILLIAM TELL		
Street Address 4 BRASS RING ROAD			Street Address 4 BRASS RING ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			1000	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 1/18/05
Check No. 9190
By: DA
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 of Officer William Tell Date 1/14/05
WILLIAM TELL
Print or Type Name of Officer
PRESIDENT
Title of Officer



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* 1 2 9 0 1 8 *

File Date 1-23-04
Check No. 8500
By: [Signature]
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] 1/23/04
Signature of Officer Date
WILLIAM TELL
Print or Type Name of Officer
PRESIDENT
Title of Officer