RI SOS Filing Number: 201987603590 Date: 2/26/2019 12:00:00 PM

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

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CORPORATIONS DIV
2019 FEB 26 AM 11:59

**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 | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 66861 | NEW ENGLAND TIRE & BATTERY, INC | | | |
| 3. Principal Office Address | | City | State | Zip |
| 46 FALL RIVER AVE | | REHOBOTH | MA | 02769 |
| 4. NAICS Code: 441310 | 6. Brief description of the character of business conducted in Rhode Island: TO OWN, OPERATE AND MAINTAIN BUSS TO BUY & SELL MOTOR VEHICLES TIRES & BATTERIES AS A RETAILER AND DISTRIBUTOR AND PERFORM REPAIR SERVICES ON TIRES & BATTERIES | | | |
| 5. State of Incorporation: MASSACHUSETTS | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| NICHOLAS M ROSSI JR | DAVID L GRIEVE |
| Street Address: 46 FALL RIVER AVE | Street Address: 46 FALL RIVER AVE |
| City: REHOBOTH / State: MA / Zip: 02769 | City: REHOBOTH / State: MA / Zip: 02769 |
| **Secretary Name** | **Treasurer Name** |
| NICHOLAS M ROSSI JR | DAVID GRIEVE |
| Street Address: 46 FALL RIVER AVE | Street Address: 46 FALL RIVER AVE |
| City: REHOBOTH / State: MA / Zip: 02769 | City: REHOBOTH / State: MA / Zip: 02769 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| NICHOLAS M ROSSI JR | DAVID L GRIEVE |
| Street Address: 46 FALL RIVER AVE | Street Address: 46 FALL RIVER AVE |
| City: REHOBOTH / State: MA / Zip: 02769 | City: REHOBOTH / State: MA / Zip: 02769 |
| Director Name | Director Name |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |

9. Shares Authorized

**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 ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 200 | COMMON | 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: Nicholas M Rossi Jr

Date: FEB 26 2019

Signature of Authorized Representative

FILED
FEB 26 2019
12:00 PM

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

**FORM 630 - Revised: 10/2017**