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

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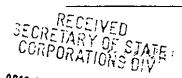
State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00



2019 FEB 26 AM II: 59

→ Penalty: Additional \$25.0	0 fee if form is no	ot filed by April 1.						
1. Entity ID Number	1 .	2. Exact name of the Corporation						
66861	NEM	NEW ENGLAND TIRE & BATTERY, INC						
3. Principal Office Address			City		State	Zip		
46 FALL RIUS	R AUI	2 AUI		REHOBOTH		०२७५		
4. NAICS Code		iption of the characte	er of business co	nducted in Rho	de Island			
441310	TO OU	IN, OPERATE	CHOUD MA	IN TANKYA	BUSS TO BE	MASTL		
5. State of Incorporation		USHICLES TH						
MASSACHUSOTTS	1	UTOR AND P						
7. List ALL officers (names and		<u> </u>		Ch	eck the box to indic	ate an attachment		
President Name			Vice-President Name					
NI YOUN W ROSI JR			Street Address					
46 Fore Rusp Rus ity State Zip			the Fore Ravan Aler					
City		Zip	City		State	Zip		
R340D0TA Secretary Name	ma	02769	R3 40 B 6 F 8		MA	6>765		
Nicholas 4 Ross ( Tu			DANG BRIGIE					
Street Address		Street Address						
Ho FALL RIVER H	ker	Ta-:	46 FA	in RIUSA		Y=-		
City REHUTH MA	State	<sup>Zip</sup> 8>76ዓ	City Porto Blod M		State MA	2ip		
8. List ALL directors (names an		<u> </u>	1 7 00/0 32(4	Cr		ate an attachment		
Director Name	0 =		Director Name	1 1	پ			
NICHOUSE M ROSS Tr. Street Address			Street Address					
46 FALL DIVE A	ואנים			REVIL A	AUS			
City	State	2ip	City		State	Zip		
RSHOROTA Director Name	WA	632/67	Director Name	74	MA	62769		
Street Address	<u> </u>		Street Address					
City	State	Zip	City		State	Zip		
···,					J. J			
9. Shares Authorized		10. Shares Issu				ate an attachment		
This information is currently of r Department of State.	NUMBER OF	NUMBER OF SHARES CLASS/SERIES			PAR VALUE			
·		200	>	Comu	1001	NO PAR		
Changes require an additional fi	ling.			-	-			
11. This report must be execute	ed on behalf of the	corporation by an a	uthorized reores	entative of the c	corporation is in the	hands of a receiver c		
trustee, this report must be exe	ecuted on behalf o	f the corporation by t	he receiver or an	ister.				
Under penalty of perjury, I de statements, and that all state	eclare and affirm	that I have examine	d this reput	elpoing any ac	ccompanying sch	dules and		
Name of Authorized Represent		nerem are due and	o correct.		C A Date			
	4. 2	ue de c	٤'	EB 2001	91			
Signature of Authorized Repres		w si		<del>-{V}\</del> ^\?		<del></del> -		
alangtore or nathonized hebie.	JOINGING	0.5% 00%		Yd 1				
		<del></del>	2.00x1	47		<del></del>		
MAIL TO:		,	7.0	1				
Division of Business Services 148 W. River Street, Providence, R	thode Island 02904-2	2615	V	•				

Phone: (401) 222-3040 Website: www.sos.ri.gov