



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


**Annual Report for the year: 2020**  
**Corporation**

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

MAR 30 2020

15280

1. Entity ID Number <b>104635</b>		2. Exact name of the Corporation <b>HIGH TECH AUTOMOTIVE, INC.</b>			
3. Principal Office Address <b>827 SMITHFIELD AVENUE</b>			City <b>LINCOLN</b>		State <b>RI</b>
			Zip <b>02865</b>		
4. NAICS Code <b>811121</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTO REPAIRS, SERVICES &amp; ACCESSORIES</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARK NEVES</b>			Vice-President Name		
Street Address <b>155 SPRING GROVE AVENUE</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MARK NEVES</b>			Director Name		
Street Address <b>155 SPRING GROVE AVENUE</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City	State	Zip
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>2000</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR</b>
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. <i>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.</i>					
Name of Authorized Representative <b>MARK NEVES</b>					Date <b>MARCH 24, 2020</b>
Signature of Authorized Representative 					

SIGN DOCUMENT HERE