



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 25 2021

BY

20130
DS

1. Entity ID Number 14905		2. Exact name of the Corporation NEW CENTURY AUTO SALES, INC.			
3. Principal Office Address 1249 Plainfield Stret			City Johnston	State RI	Zip 02919
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island AUTO SALES AND REPAIR			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Marguerite Reynolds			Vice-President Name David Reynolds		
Street Address 848 Snake Hill Road			Street Address 848 Snake Hill Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Marguerite Reynolds			Treasurer Name David Reynolds		
Street Address 848 Snake Hill Road			Street Address 848 Snake Hill Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Marguerite Reynolds			Director Name		
Street Address 848 Snake Hill Road			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		10	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 MARGUERITE REYNOLDS				Date 1/12/2021	
Signature of Authorized Representative 					

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: 08/2020