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State of Rhode Island

Department of State - Business Services Division

FILED
FEB 16 2021
BY 12485

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.

1. Entity ID Number	2. Exact name of the Corporation
001680128	NEW TECH TRANSMISSION, INC.

3 Principal Office Address	City	State	Zip
21 Sanderson Road	Smithfield	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811111	automotive repair service
5. State of Incorporation: Rhode Island	

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

President Name	Street Address	City	State	Zip
Ernest A. LaMontagne	21 Sanderson Road	Smithfield	RI	02917

Vice-President Name	Street Address	City	State	Zip
Levy W LaMontagne	163 Shippee School House Road	Dayville	CT	06239

Secretary Name	Street Address	City	State	Zip
Levy W. LaMontage	163 Shippee School House Road	Dayville	CT	06239

Treasurer Name	Street Address	City	State	Zip
Ernest A. LaMontagne	21 Sanderson Road	Smithfield	RI	02917

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

Director Name	Street Address	City	State	Zip
None				
Director Name				

Director Name	Street Address	City	State	Zip
Director Name				

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
100	common	$1.00

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	Date
Ernest A. LaMontagne, President	2-4-21

Signature of Authorized Representative: Ernest La Montagne

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