STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
100055	NEW ENGLAND DEALER SERVICES, INC.

3. Principal office address	City	State	Zip
222 Lincoln Avenue	Warwick	RI	02888

4. Business Phone No.	5. State of Incorporation
641-5875	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Wholesale Purchase and sale of vehicles 423120

2021 MAR 30 PM 12:40 R.I. DEPT OF STATE BUS. SVCS. DIV.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Peter Delvecchio	2970 Mendon Road, Unit #161	Cumberland	RI	02864

Vice-President Name	Street Address	City	State	Zip
Peter Delvecchio	2970 Mendon Road, Unit #161	Cumberland	RI	02864

Secretary Name	Street Address	City	State	Zip
Peter Delvecchio	2970 Mendon Road, Unit #161	Cumberland	RI	02864

Treasurer Name	Street Address	City	State	Zip
Peter Delvecchio	2970 Mendon Road, Unit #161	Cumberland	RI	02864

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Peter Delvecchio	2970 Mendon Road, Unit #161	Cumberland	RI	02864

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	None 0		

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 30 2021
BY CM/STDK
12:40

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.

Signature of Authorized Representative — Date 3/30/21

Peter Delvecchio
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012