



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2022  
 Corporation

**FILED**

MAY 05 2022

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 13718 DS

1. Entity ID Number <b>95360</b>		2. Exact name of the Corporation <b>NORTHEAST RACE CAR AND PARTS, INC.</b>			
3. Principal Office Address <b>244 DAVIS DRIVE</b>			City <b>PASCOAG</b>	State <b>RI</b>	Zip <b>02859</b>
4. NAICS Code <b>431310</b>		6. Brief description of the character of business conducted in Rhode Island <b>THE SALE, RETAIL AND WHOLESALE, OF RACE CAR PARTS AND CONSULTING SERVICES RELATIVE TO RACE CAR AND RACING</b>			
5. State of Incorporation <b>RI</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>BRADLEY LAFONTAINE</b>			Vice-President Name <b>BRADLEY LAFONTAINE</b>		
Street Address <b>244 DAVIS DRIVE</b>			Street Address <b>244 DAVIS DRIVE</b>		
City <b>PASCOAG</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>PASCOAG</b>	State <b>RI</b>	Zip <b>02859</b>
Secretary Name <b>BRADLEY LAFONTAINE</b>			Treasurer Name <b>BRADLEY LAFONTAINE</b>		
Street Address <b>244 DAVIS DRIVE</b>			Street Address <b>244 DAVIS DRIVE</b>		
City <b>PASCOAG</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>PASCOAG</b>	State <b>RI</b>	Zip <b>02859</b>
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>BRADLEY LAFONTAINE</b>			Director Name		
Street Address <b>244 DAVIS DRIVE</b>			Street Address		
City <b>PASCOAG</b>	State <b>RI</b>	Zip <b>02859</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>500</b>		<b>0</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. 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 <b>BRADLEY LAFONTAINE</b>				Date	
Signature of Authorized Representative 					

MAIL TO:  
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