



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

STAMP

MAR 10 2023

by 10956

RS

1. Entity ID Number 95359		2. Exact name of the Corporation Northeast Auto Recycling, Inc.			
3. Principal Office Address P O Box 1435		City North Smithfield		State RI	Zip 02896
4. NAICS Code 488410		6. Brief description of the character of business conducted in Rhode Island To Operate a Junk Yard and Salvage Yard			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bradley LaFontaine			Vice-President Name Bradley LaFontaine		
Street Address 915 Sherman Farm Road			Street Address 915 Sherman Farm Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Bradley LaFontaine			Treasurer Name Bradley LaFontaine		
Street Address 915 Sherman Farm Road			Street Address 915 Sherman Farm Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bradley LaFontaine			Director Name		
Street Address 915 Sherman Farm Road			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			500	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 Bradley LaFontaine					Date
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: 2/2023