



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
APR 07 2023
BY 5331
KJ

1. Entity ID Number 100055		2. Exact name of the Corporation New England Dealer Services, Inc.			
3. Principal Office Address 222 Lincoln Avenue		City Warwick		State RI	Zip 02888
4. NAICS Code 423110		6. Brief description of the character of business conducted in Rhode Island Wholesale purchase and sale of vehicles and all other purposes allowed by the laws of the State of Rhode Island			
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 Peter Delvecchio			Vice-President Name Peter Delvecchio		
Street Address 2970 Mendon Road, Unit 161			Street Address 2970 Mendon Road, Unit 161		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Peter Delvecchio			Treasurer Name Peter Delvecchio		
Street Address 2970 Mendon Road, Unit 161			Street Address 2970 Mendon Road, Unit 161		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter Delvecchio			Director Name		
Street Address 2970 Mendon Road, Unit 161			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
None					
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 Peter Delvecchio				Date 4/7/2023	
Signature of Authorized Representative Peter Delvecchio					

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