



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

**Annual Report for the year: 2023**  
**Corporation**

**FILED**  
**APR 13 2023**  
 BY Mao  
OS

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

1. Entity ID Number <b>000129018</b>		2. Exact name of the Corporation <b>ENGINE-NEW-ITY COMPLETE AUTO REPAIR INC</b>						
3. Principal Office Address <b>65 LEDWARD AVENUE</b>				City <b>WESTERLY</b>		State <b>RI</b>	Zip <b>02891</b>	
4. NAICS Code <b>811111</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTOMOBILE REPAIRS.</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>WILLIAM TELL</b>				Vice-President Name <b>DEBRA JEAN TELL</b>				
Street Address <b>4 BRASS RING ROAD</b>				Street Address <b>4 BRASS RING ROAD</b>				
City <b>WESTERLY</b>		State <b>RI</b>	Zip <b>02891</b>		City <b>WESTERLY</b>		State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>NONE</b>				Treasurer Name <b>NONE</b>				
Street Address				Street Address				
City		State	Zip		City		State	Zip
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>NONE</b>				Director Name <b>NONE</b>				
Street Address				Street Address				
City		State	Zip		City		State	Zip
Director Name <b>NONE</b>				Director Name <b>NONE</b>				
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		CLASS/SERIES		PAR VALUE	
			<b>1000</b>		<b>COMMON</b>		<b>NO PAR VALUE</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. <b>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.</b>								
Name of Authorized Representative <b>WILLIAM TELL</b>						Date <b>03/22/2023</b>		
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