

NEGO-F

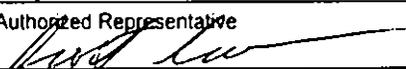
State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

APR 18 2023
BY 20500
EB

- 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 G00861896		2. Exact name of the Corporation NEW ENGLAND GOLF CARS INC			
3. Principal Office Address 62 INDUSTRIAL WAY			City SEEKONK	State MA	Zip 02771
4. NAICS Code 441210		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation MA		SALES & SERVICE			
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>
President Name SCOTT COOKSON			Vice-President Name		
Street Address 19 WOLF HILL DRIVE			Street Address		
City SWANSEA	State MA	Zip 02777	City	State	Zip
Secretary Name			Treasurer Name KAREN COOKSON		
Street Address			Street Address 19 WOLF HILL DRIVE		
City	State	Zip	City SWANSEA	State MA	Zip 02777
8. List ALL directors (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100			
				PAR VALUE	
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 					Date 4-13-2023
Signature of Authorized Representative SCOTT COOKSON					

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov