



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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

MAR 29 2024

BY 11594
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| | | | | | |
|--|--------------------|---|--|--------------------|--|
| 1. Entity ID Number 95359 | | 2. Exact name of the Corporation Northeast Auto Recycling, Inc. | | | |
| 3. Principal Office Address PO 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 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 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| 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 3-15-24 |
| Signature of Authorized Representative | | | | | |

MAIL TO:
Division of Business Services
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