



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

APR 10 2024
17326 *OL*

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.

1. Entity ID Number 000129018		2. Exact name of the Corporation ENGINE-NEW-ITY COMPLETE AUTO REPAIR INC			
3. Principal Office Address 65 LEDWARD AVENUE			City WESTERLY	State RI	Zip 02891
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE REPAIRS.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM TELL			Vice-President Name DEBRA JEAN TELL		
Street Address 4 BRASS RING ROAD			Street Address 4 BRASS RING ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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/SLRIES	PAR VAL UE
		1000		COMMON	NO 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 WILLIAM TELL				Date 3/15/2024	
Signature of Authorized Representative <i>[Signature]</i> 4/6/24					

MAIL TO:
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