



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.

APR 10 2024

173260

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 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"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>1000</td><td>COMMON</td><td>NO PAR VALUE</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	NO PAR VALUE			
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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 ✓ 4/6/24														

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