



State of Rhode Island
Department of State - Business Services Division

MAY 01 2024

15560

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 104635 | | 2. Exact name of the Corporation HIGH TECH AUTOMOTIVE INC | | | |
| 3. Principal Office Address 155 SPRING GROVE AVENUE | | | City WARWICK | State RI | Zip 02889 |
| 4. NAICS Code 811121 | | 6. Brief description of the character of business conducted in Rhode Island AUTO AND MARINE REPAIRS | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name MARK NEVES | | | Vice-President Name | | |
| Street Address 155 SPRING GROVE AVENUE | | | Street Address | | |
| City WARWICK | State RI | Zip 02889 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| 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 MARK NEVES | | | Director Name | | |
| Street Address 155 SPRING GROVE AVENUE | | | Street Address | | |
| City WARWICK | State RI | Zip 02889 | City | State | Zip |
| Director Name | | | Director Name | | |
| 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"/> | | |
| | | | NUMBER OF SHARES | CLASS SERIES | PAR VALUE |
| | | | 2000 | 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 MARK NEVES | | | | | Date 4/24/24 |
| Signature of Authorized Representative | | | | | |

MAIL TO:
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