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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

Division of Business Services

Phone: (401) 222-3040 Website: www.sos.ri.gov

148 W. River Street, Providence, Rhode Island 02904-261

→ Filing Fee: \$50.00

→ Penalty. Additional \$25.00 fee if form is not filed by April 1.

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E 24 PK 12:31:37	REC'D RIDOS BSD

1 Entity ID Number	2. Exact name of the Corporation								
_ <i></i>	NEW ENGLAND RACING FUEL INC								
Principal Office Address	I NEW ENGIN	MND INICING	City	<del></del>		State	Zip		
271 SPIELMAN HIGHWAY				INGTON		CT	06013-1703		
4. NAICS Code		n of the character of hi		BURLINGTON iness conducted in Rhode Island			1 00013 1703		
424700	o, 2.110. G02G4p.10			100 111 111 1000 1010 10					
5. State of Incorporation	1								
CT	RACING F	יווכו							
7. List ALL officers (names and		OED		Che	ack the ho	v to indica	te an attachment		
President Name			Check the box to indicate an attachment Vice-President Name						
JOHN HOLLAND			Aloca reginerif (Agrise						
Street Address			Street Address						
107 BARNES HILL	ROAD		000000						
City	·	Zip	City		State		 Zip		
BURLINGTON	CT	06013-1703	,				<b>r</b>		
Secretary Name		00010 1700	Treasurer	Treasurer Name					
,									
Street Address			Street Add	Street Address					
City	State	Zip	City		State		Zip		
8. List ALL directors (names and	l addresses)			Che	ck the box	x to indica	te an attachment		
Director Name			Director Name						
Street Address			Street Add	Street Address					
	T				,				
City	State	Zip	City		State	-	Zip		
	11	****	<del> </del>						
Director Name			Director Na	Director Name					
Court Address			Charat Address						
Street Address			Street Address						
City	State	Zıp	City		State	T	Zip		
City	State	Zip	City		State		r.h		
9. Shares Authorized	<u> </u>	10. Shares Issued	1	Chr	ck the box	<u> </u>	te an attachment		
	moond in the	NUMBER OF	SHARES						
This information is currently of record in the Department of State.			1000		COMMON		1		
Changes require an additional filling.			<u></u>	00111011			-		
11. This report must be executed		rporation by an authoriz	ed representat	ive. If the corporation	is in the ha	ands 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			
•									
Signature of Authorized Represe	ntative								
JOHN HOLLAND									
MAIL TO:									