State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Corporation

2015

- → Filing period: February 1 May 1
- → Filing Fee. \$50 00
- → Penalty. Additional \$25.00 fee if form is not filed by May 31

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REC'D RIDOS BSD '24 JUL 24 Fx12:30:56	

							<u> </u>			
1. Entity ID Number	2. Exact name of	the (Corporation			···				
2522			•	EI. INC						
3. Principal Office Address	NEW ENGLAND RACING F			City			State	Zip		
271 SPIELMAN HIGHWAY				BURLINGTON			CT	06013-1	703	
4. NAICS Code	6 Brief description of the character of bus			· <u> </u>						
424700										
5. State of Incorporation										
CT	RACING FUEL									
7. List ALL officers (names and a				•	Che	ck the bo	x to indica	te an attachment		
President Name	•			Vice-Presid	lent Name					
JOHN HOLLAND										
Street Address				Street Address						
107 BARNES HILL					 -	T	 ,			
City	State	Zıp		City		State		Zıp		
BURLINGTON	CT	06013-1703								
Secretary Name				Treasurer Name						
Street Address				Street Address						
City	State	Zip		City	<u></u>	State		Zip		
						<u></u>				
8 List ALL directors (names and	l addresses)					ck the bo	x to indica	te an attachment		
Director Name				Director Na	ime					
Street Address				Street Address						
City	State	Zıp		City	·····	State		Zip		
ŕ		,								
Director Name				Director Name						
Street Address				Street Address						
City	State	Zıp		City Sta		State		Zıp		
9 Shares Authorized			10. Shares Issued		Che	ck the bo	iox to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERI	CLASS/SERIES		PAR VALUE			
			1000	COMMON			1			
Changes require an additional	filing.	[•				
11. This report must be executed	on behalf of the corp	porat	ion by an authorized re	presentative	e. If the corporation is in	n the hand	s of a rece	eiver or		
trustee, this report must be execu	uted on behalf of the	corp	oration by the receiver	or trustee.				 		
Under penalty of perjury, I				•	rt, including any a	ccompai	nying sc	hedules and		
statements, and that all sta		ed h	erein are true and	correct.	- ··-	ī				
Name of Authorized Representa	IVe J		-				Date			
Signature of Authorized Represe	ntative									
JOHN HOLLAND					FILED		-^			
MAIL TO:	/				. 6004	Λ	_ L\.	^	Λ.	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov JUL 2 4 2024

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FORM 630 - Revised: 11/2021