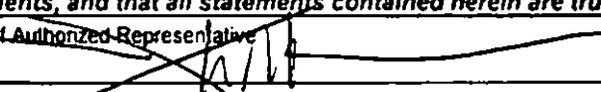


State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 JUL 24 PM 12:28:35

Annual Report for the year: 1996  
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 <u>125207</u>		2. Exact name of the Corporation NEW ENGLAND RACING FUEL INC			
3. Principal Office Address 271 SPIELMAN HIGHWAY			City BURLINGTON	State CT	Zip 06013-1703
4. NAICS Code 424700		6. Brief description of the character of business conducted in Rhode Island RACING FUEL			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JOHN HOLLAND			Vice-President Name		
Street Address 107 BARNES HILL ROAD			Street Address		
City BURLINGTON	State CT	Zip 06013-1703	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		COMMON	1
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.					
<b>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.</b>					
Name of Authorized Representative 					Date
Signature of Authorized Representative JOHN HOLLAND					

FILED

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

FILED  
JUL 24 2024  
BY PSX/EG AA  
12:36 pm.  
FORM 630 - Revised: 11/2021