State of Rhode Is Department of S		30. 20.00									
Annual Report for the y				24 PH12:							
Corporation  → Filling penod. February 1 - N	Amu 1							7			
→ Filing Fee: \$50.00	1288 1288										
→ Penalty: Additional \$25.00 f	ee if form is not filed	by Ma	y 31.				2:28:09	<b>5</b>			
Entity ID Number	2. Exact name	of the	Corporation			<u> </u>				=	
2522	NEW ENG	A.IE	D RACING F	UEL INC							
3. Principal Office Address	City State Zip										
271 SPIELMAN H		BURLINGTON CT 06013-1703									
4. NAICS Code	6 Brief descri	ption o	f the character of busin	ness conducte	d in Rhode Island						
424700											
5 State of Incorporation	,										
CT	RACING	FUE	I.	· · · · · ·						<b>-</b>	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment						
President Name	Vice-President Name										
JOHN HOLLAND	Street Address										
Street Address	I DOND			Speet Moon	555						
107 BARNES HIL	State				<del></del>	State	State Zip			_	
BURLINGTON	CT	"				••••	[	,			
Secretary Name	Treasurer Name										
Street Address				Street Address							
City	State	State Zip		City		State	7	Zip			
8. List ALL directors (names a	and addresses)		<del></del>			Check the box t	to indicat	e an attachment		Ţ	
Director Name		<u>.</u>	<del></del> .	Director Na	me						
Street Address				Street Address							
City	State	Ziş	)	City		State	7	Zip			
Director Name				Director Name							
Street Address				Street Address							
City	State	Zig	)	City		State	7	Zip			
9. Shares Authorized			10. Shares Issued			Check the box t	lo indicati	e an attachment	$\Box$	I	
This information is currently of record in the Department of State.								PAR VALUE 1			
Changes require an additional filing.				30.7.5.							
11. This report must be execut		corpora	ition by an authorized	representative	. If the corporation	is in the hands	of a recei	iver or			
trustee, this report must be ex			•								
Under penalty of perjury	, I declare and a	Hirm t	hat I have examine	ed this repo	rt, including an	y accompany	ring sch	nedules and			
statements, and that all		<u>ained</u>	herein are true and	d correct.	<del></del>					_	
Name of Authorized Represen	tative		-		j	D	ate				
Signature of Authorized Nebre	antativa	<del></del>				<u>_</u>				-	
JOHN HOLLAND	Sentative				FILED					_	
MAPL TO:			,		nu 2.4 20	24 0 0 1	١ ١	7120			

RI SOS Filing Number: 202458344150 Date: 7/24/2024 12:32:00 PM

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MARC TO.

Division of Business Services

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

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

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