



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 18 2025

BY 17409

1. Entity ID Number 000129018		2. Exact name of the Corporation ENGINE-NEW-ITY COMPLETE AUTO REPAIR INC			
3. Principal Office Address 65 LEDWARD AVENUE		City WESTERLY		State RI	Zip 02891
4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE REPAIRS				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name WILLIAM TELL			Vice-President Name DEBRA JEAN TELL		
Street Address 4 BRASS RING ROAD			Street Address 4 BRASS RING ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name NONE			Treasurer Name NONE		
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 NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		COMMON	NO PAR VALUE
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 WILLIAM TELL				Date 3/14/25	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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