



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 31 2025
BY 77248

1. Entity ID Number 95360		2. Exact name of the Corporation Northeast Race Car and Parts, Inc.			
3. Principal Office Address 226 South Main Street			City Providence	State RI	Zip 02903
4. NAICS Code 431310		6. Brief description of the character of business conducted in Rhode Island The Sale, Retail and Wholesale, of Race Car Parts and Consulting Services Relative to Race Cars and Racing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bradley LaFontaine			Vice-President Name Bradley LaFontaine		
Street Address 226 South Main Street			Street Address 226 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Bradley LaFontaine			Treasurer Name		
Street Address 226 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			500		
			Common		
			No Par		
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. 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 Bradley LaFontaine					Date 3-20-25
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov