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

1. Entity ID Number	2. Exact name of the Corporation
95359	Northeast Auto Recycling, Inc.

3. Principal Office Address	City	State	Zip
PO Box 1435	North Smithfield	RI	02896

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
488410	To Operate a Junk Yard and Salvage Yard
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Bradley LaFontaine	915 Sherman Farm Road	Harrisville	RI	02830

Vice-President Name	Street Address	City	State	Zip
Bradley LaFontaine	915 Sherman Farm Road	Harrisville	RI	02830

Secretary Name	Street Address	City	State	Zip
Bradley LaFontaine	915 Sherman Farm Road	Harrisville	RI	02830

Treasurer Name	Street Address	City	State	Zip
Bradley LaFontaine	915 Sherman Farm Road	Harrisville	RI	02830

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Bradley LaFontaine	915 Sherman Farm Road	Harrisville	RI	02830

Director Name	Street Address	City	State	Zip
Bradley LaFontaine	915 Sherman Farm Road	Harrisville	RI	02830

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Bradley LaFontaine	3/27/2025

Signature of Authorized Representative

Bradley LaFontaine

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