



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 089909		2. Name of Corporation NORTHEAST OXYGEN SERVICE, INC.			
3. Street Address Principal Business Office 457 Douglas Ave		City Providence	State RI	Zip 02908	
4. Business Phone No. 401-273-8020		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To Supply oxygen ans oxygen equipment, to repair oxygen equipment					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfred U. Barbery, Jr.			Vice President Name		
Street Address 457 Douglas Ave			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Alfred U. Barbery, Jr.			Treasurer Name Alfred U. Barbery, Jr.		
Street Address 457 Douglas Ave			Street Address 457 Douglas Ave		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Alfred U. Barbery, Jr.			Director Name		
Street Address 457 Douglas Ave			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class Series	Par Value
			1000 Shares Common Stock \$.01 Par Value		

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.

FILED

File Date **FEB 23 2011**

Check No. By **mmc**

By: **2227**

FOR SECRETARY OF STATE USE ONLY

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.

Alfred U. Barbery, Jr.

Signature

Feb 7, 2011

Date

Alfred U. Barbery, Jr.

Print or Type Name

President

Title