



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 2012**

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 96877		2. Name of Corporation New England Equipment Repair, Inc.			
3. Street Address Principal Business Office 410 Woodbine Street			City Cranston	State RI	Zip 02910
4. Business Phone No. 942-7661		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Equipment repair					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT ( ) FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Wayne E. Shippee			Vice President Name Jonathan Dinucci		
Street Address 25 East Killingly Road			Street Address 410 Woodbine Street		
City Foster	State RI	Zip 02825	City Cranston	State RI	Zip 02910
Secretary Name Wayne E. Shippee			Treasurer Name Jonathan Dinucci		
Street Address 25 East Killingly Road			Street Address 410 Woodbine Street		
City Foster	State RI	Zip 02825	City Cranston	State RI	Zip 02910
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT ( ) FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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 OUTSTANDING					
1,000 No Par Value			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 100	Class/Series N/A	Par Value No Par
			THIS SECTION MUST BE COMPLETED		

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: JAN 17 2012  
 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.

Signature: Wayne E. Shippee Date: 1/4/2012

Wayne E. Shippee  
Print or Type Name

President  
Title