



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 119485		2. Exact name of the Corporation Massachusetts Restaurant Equipment Service, Inc.			
3. Principal office address 34 South St		City Somerville	State MA	Zip 02143	
4. Business Phone No. 617-868-1930		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island Service of Rest. Equip					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sam May		Vice-President Name			
Street Address 305 Ministerial Dr		Street Address			
City Concord	State MA	Zip 01742			
Secretary Name Suzanne May		Treasurer Name Sam May			
Street Address 305 Ministerial Dr		Street Address 305 Ministerial Dr			
City Concord	State MA	Zip 01742	City Concord	State MA	Zip 01742
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Sam May		Director Name			
Street Address 305 Ministerial Dr		Street Address			
City Concord	State MA	Zip 01742			
Director Name Suzanne May		Director Name			
Street Address 305 Ministerial Dr		Street Address			
City Concord	State MA	Zip 01742			
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1000	Common	0	

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.

File Date

FILED

Check No.

JUN 18 2012

By:

61740

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.

Suzanne May

Signature of Authorized Representative

6/14/12

Date

Suzanne May

Print or Type Name of Authorized Representative