



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 2013

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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Wayne E. Shippee		Vice President Name Jonathan Dinucci		
Street Address 25 East Killingly Road		Street Address 410 Woodbibe Street		
City Foster	State RI	Zip 02825	City Cranston	State RI
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
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None.		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 1,000 No Par Value				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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 100	Class/Series N/A	Par Value No 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

JAN 30 2013

File Date _____

Check No. By: mnc

By: CA # 520

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.

Way E Shippee 1/24/2013
Signature Date

Wayne E. Shippee
Print or Type Name

President
Title