



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 2014

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. 573640		2. Exact name of the Corporation NORTH AMERICAN RESTAURANT EQUIPMENT, INC.			
3. Principal office address 47 Swan Road 5 REARDON WAY			City Smithfield	State RI	Zip 02917-0000
4. Business Phone No.			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island to buy and sell new and used restaurant equipment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Marco E. Conti			Vice-President Name Marco E. Conti		
Street Address 47 Swan Road 5 REARDON WAY			Street Address 47 Swan Road 5 REARDON WAY		
City Smithfield	State RI	Zip 02917-	City Smithfield	State RI	Zip 02917-
Secretary Name Marco E. Conti			Treasurer Name Marco E. Conti		
Street Address 47 Swan Road 5 REARDON WAY			Street Address 47 Swan Road 5 REARDON WAY		
City Smithfield	State RI	Zip 02917-	City Smithfield	State RI	Zip 02917-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name Marco E. Conti			Director Name none		
Street Address 47 Swan Road 5 REARDON WAY			Street Address none		
City Smithfield	State RI	Zip 02917-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED			10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" 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
			100	Common	No Par

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 _____
 Sheet No. _____
 BY _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 DEC 30 2013
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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 of Authorized Representative Date 1/06/2014
 Marco E. Conti
 Print or Type Name of Authorized Representative President