



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. 000051045		2. Exact name of the Corporation New England Power Wash, Inc.			
3. Principal office address 48 Shun Pike		City Johnston		State RI	Zip 02919
4. Business Phone No. (401) 946-4730		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Provider of power washing services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name James Beanland			Vice-President Name James Beanland		
Street Address 48 Shun Pike			Street Address 48 Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name James Beanland			Treasurer Name James Beanland		
Street Address 48 Shun Pike			Street Address 48 Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name James Beanland			Director Name		
Street Address 48 Shun Pike			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	CNP	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

MAR 26 2014

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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.

03/24/2014

Signature of Authorized Representative

Date

James Beanland

Print or Type Name of Authorized Representative

File Date _____

Check No _____

By: _____

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