

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

2015

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.	2. Exact name of t	he Corporation				 -
573640	NORTH AN	MERICAN REST	AURANT EQUIPM	ENT, IN	C.	
3. Principal office address	1		City		State	Zip
47 Swan Road			Smithfield		RI	02917-0000
4. Business Phone No.			5. State of Incorporation RI			
6. Brief description of the characte to buy and sell new and	used restaurant	t equipment				
President Name		Elitario de districti	Vice-President Name			and the second s
Marco E. Conti			Marco E. Conti			
Street Address			Street Address			
47 Swan Road			47 Swan Road			
City	State	Zip	1 2		State	Zip
Smithfield	RI	02917-	Smithfield		RI	02917-
Secretary Name			Treasurer Name			
Marco E. Conti			Marco E. Conti			
Street Address 47 Swan Road			Street Address 47 Swan Road			
City Smithfield	State RI	Zip 02917-	City Smithfield Stat		State RI	Zip 02917-
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Director Name			Director Name			
Marco E. Conti			none			
Street Address			Street Address			
47 Swan Road	T-	I	none		State	
City Smithfield	State RI	Zip 02917-	City none	1		Zip none
Director Name			Director Name			
none			none			
Street Address none			Street Address none			
City	State	Zip	City State Zip			
none	none	none	none		none	none
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This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SE	RIES	PAR VALUE
			100	C	ommon	No Par
See Section 9 of instruction she	et.					
This report must be executed on	behalf of the corpo	ration by an authorized	d representative. If the co	rporation i	is in the hands	of a receiver or trustee,

this report must be executed on behalf of the corporation by the receiver or trustee.

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เรอา เรอยสู่โลงกำหังของทั้งก็สืบปลายทัน

FILED

JAN 23 2015

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 he ein are true and correct.

Signature of Authorized Representative

1/05/2015

Date

Marco E. Conti

Print or Type Name of Authorized Representative

v 488

Form No. 630 Revised: 01/2012 President