



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. <u>000015650</u>		2. Exact name of the Corporation <u>NEW ENGLAND UNION CO INC</u>		
3. Principal office address <u>107 HAY STREET</u>		City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>
4. Business Phone No. <u>401-821-0800</u>		5. State of Incorporation <u>R.I.</u>		
6. Brief description of the character of business conducted in Rhode Island <u>MANUFACTURE OF PLUMBING SUPPLIES</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐				
President Name <u>GLEN S PETIT</u>		Vice-President Name <u>BRIAN L. PETIT</u>		
Street Address <u>85 CINDYANN DRIVE</u>		Street Address <u>412 SEASIDE DR.</u>		
City <u>EAST GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>JAMESTOWN</u>	State <u>RI</u>
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐				
Director Name <u>GLEN S PETIT</u>		Director Name		
Street Address <u>85 CINDYANN DR</u>		Street Address		
City <u>EAST GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	City	State
Director Name <u>BRIAN L PETIT</u>		Director Name		
Street Address <u>412 SEASIDE DR</u>		Street Address		
City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02835</u>	City	State
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 <u>0</u>		CLASS/SERIES <u>CNP</u>		PAR VALUE <u>0</u>

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 _____
Check No _____
By _____
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.

Signature of Authorized Representative

Date

GLEN S PETIT

Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

FILED

OCT 08 2015

BY

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9/24/15