



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 2016

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. 115022		2. Exact name of the Corporation NEW ENGLAND SUPPORT SERVICES CO.						
3. Principal office address 901 Broadway		City East Providence		State RI	Zip 02914			
4. Business Phone No. (401) 434.7744		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Providing support and services to the funeral/crematory industry and to the bereaved.								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name John E. Rebello III			Vice-President Name					
Street Address 901 Broadway			Street Address					
City East Providence	State RI	Zip 02914	City	State	Zip			
Secretary Name John E. Rebello III			Treasurer Name John E. Rebello III					
Street Address 901 Broadway			Street Address 901 Broadway					
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name John E. Rebello III			Director Name					
Street Address 901 Broadway			Street Address					
City East Providence	State RI	Zip 02914	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) <input 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	COM	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED
MAR 24 2016
BY KLH

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

John E. Rebello III

Print or Type Name of Authorized Representative