



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 69924		2. Exact name of the Corporation New England School Services, Inc.			
3. Principal Office Address 98 Hicks Avenue			City Medford	State MA	Zip 02155
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island The furnishing and installing of doors, frames and bathroom partitions.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Wayne R. Hingston		Vice-President Name Brian J. Hingston			
Street Address 98 Hicks Avenue		Street Address 98 Hicks Avenue			
City Medford	State MA	Zip 02155	City Medford	State MA	Zip 02155
Secretary Name Brian J. Hingston		Treasurer Name Wayne R. Hingston			
Street Address 98 Hicks Avenue		Street Address 98 Hicks Avenue			
City Medford	State MA	Zip 02155	City Medford,	State MA	Zip 02155
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing. 1.00 COMM NO PAR VALUE		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	COMM	NO PAR	
11. 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.					
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.					
Name of Authorized Representative Wayne R. Hingston				Date 01/06/2017	
Signature of Authorized Representative <i>Wayne R. Hingston</i> SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JAN 17 2017 *OR*
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