



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 573640		2. Exact name of the Corporation NORTH AMERICAN RESTAURANT EQUIPMENT, INC.			
3. Principal Office Address 5 Reardon Way			City Smithfield	State RI	Zip 02917-0000
4. Business Phone Number:		6. Brief description of the character of business conducted in Rhode Island to buy and sell new and used restaurant equipment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marco E. Conti			Vice-President Name Marco E. Conti		
Street Address 5 Reardon Way			Street Address 5 Reardon Way		
City Smithfield	State RI	Zip 02917-	City Smithfield	State RI	Zip 02917-
Secretary Name Marco E. Conti			Treasurer Name Marco E. Conti		
Street Address 5 Reardon Way			Street Address 5 Reardon Way		
City Smithfield	State RI	Zip 02917-	City Smithfield	State RI	Zip 02917-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marco E. Conti			Director Name none		
Street Address 5 Reardon Way			Street Address none		
City Smithfield	State RI	Zip 02917-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					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 Marco E. Conti			President		
Signature of Authorized Representative			FILED 1/02/2017 JAN 23 2017 BY		
			SIGN DOCUMENT HERE		

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov