



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 <u>82302</u>		2. Exact name of the Corporation <u>NEW ENGLAND RESTAURANT REPAIR, INC.</u>	
3. Principal Office Address <u>1845 SMITH STREET</u>		City <u>W. PROV.</u>	State <u>RI</u>
		Zip <u>02911</u>	
4. NAICS Code <u>23</u>	6. Brief description of the character of business conducted in Rhode Island <u>RESTAURANT EQUIPMENT REPAIR</u>		
5. State of Incorporation <u>MA</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>BRIAN PETZOLD</u>		Vice-President Name <u>SAME</u>	
Street Address <u>252 SUMMER ST</u>		Street Address	
City <u>REHOBOTH</u>	State <u>MA</u>	Zip <u>02769</u>	
Secretary Name <u>SAME</u>		Treasurer Name <u>SAME</u>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>SAME</u>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>200</u>	<u>COMM</u>
			<u>NONE</u>
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. <b>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.</b>			
Name of Authorized Representative <u>JEFFREY MACWELL</u>		Date <u>2-27-17</u>	
Signature of Authorized Representative <u>Jeffrey Macwell</u>		FILED MAR 20 2017 4813	

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