



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

FILED

Annual Report for the year: 2018
Corporation

JAN 19 2018

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

BY 15650

1. Entity ID Number 00015650		2. Exact name of the Corporation NEW ENGLAND UNION CO., INC.			
3. Principal Office Address 107 HAY STREET			City WEST WARWICK	State RI	Zip 02893
4. NAICS Code 333131		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING OF PLUMBING SUPPLIES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GLEN S PETIT			Vice-President Name BRIAN L PETIT		
Street Address 85 CINDYANN DRIVE			Street Address 412 SEASIDE DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City JAMESTOWN	State RI	Zip 02835
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GLEN S PETIT			Director Name		
Street Address 85 CINDYANN DRIVE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Director Name BRIAN L PETIT			Director Name		
Street Address 412 SEASIDE DRIVE			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
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	PAR VALUE
		0		CNP	0
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 BRIAN L PETIT				Date 1-16-18	
Signature of Authorized Representative SIGN DOCUMENT HERE					

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