



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

Annual Report for the year: 2018
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>000104877</u>		2. Exact name of the Corporation <u>NEW ENGLAND APPLIANCE REPAIR INC</u>			
3. Principal Office Address <u>104 Haven ST</u>		City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	
4. NAICS Code <u>811412</u>		6. Brief description of the character of business conducted in Rhode Island <u>Travel TO Home + repair appliances</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>STEPHEN J WUSCIV</u>			Vice-President Name <u>TOM CARR</u>		
Street Address <u>21 BALLSTON AVE</u>			Street Address <u>205 OAKDALE AVE</u>		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>
Secretary Name <u>STEPHEN J WUSCIV</u>			Treasurer Name <u>TOM CARR</u>		
Street Address <u>21 BALLSTON AVE</u>			Street Address <u>205 OAKDALE AVE</u>		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>1,000.00</u>		<u>STK</u>	<u>0.00</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. 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 <u>STEPHEN J WUSCIV</u>					Date <u>3/2/18</u>
Signature of Authorized Representative <u>[Signature]</u>					

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 [initials]

APR 05 2018

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BY _____