



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 27 2019

BY 5194**Annual Report for the year: 2019 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 000082302		2. Exact name of the Corporation NEW ENGLAND RESTAURANT REPAIR, INC.												
3. Principal Office Address 1845 SMITH STREET			City NORTH PROVIDENCE	State RI	Zip 02911									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island REPAIR RESTAURANT EQUMT.												
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 Brian Petzold			Vice-President Name SAME											
Street Address 252 SUMMER ST			Street Address											
City Providence	State RI	Zip 02909	City	State	Zip									
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 SAME			Director Name SAME											
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 Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>COMMON</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	COMMON	NONE			
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Changes require an additional filing.														
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 Jeffrey Marshall				Date 3/8/19										
Signature of Authorized Representative 														