



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

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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 001336447		2. Exact name of the Corporation NEW ENGLAND INTERIOR SPECIALTIES, INC.			
3. Principal Office Address 124 Main St			City Norfolk	State MA	Zip 02056-1445
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island SALE AND INSTALLATION OF MARKER BOARDS PROJECTION SCREENS PANELS WALL COVERINGS AND OTHER SPECIALTY ITEMS			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GARY F. POWERS			Vice-President Name GARY F. POWERS		
Street Address 124 MAIN STREET			Street Address 124 MAIN STREET		
City NORFOLK	State MA	Zip 02056	City NORFOLK	State MA	Zip 02056
Secretary Name GARY F. POWERS			Treasurer Name GARY F. POWERS		
Street Address 124 MAIN STREET			Street Address 124 MAIN STREET		
City NORFOLK	State MA	Zip 02056	City NORFOLK	State MA	Zip 02056
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GARY F. POWERS			Director Name		
Street Address 124 MAIN STREET			Street Address		
City NORFOLK	State MA	Zip 02056	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		15.000		CNP	\$ 0.0000
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 <i>Gary Powers</i>					Date 8/6/19
Signature of Authorized Representative <i>[Signature]</i>					FILED

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

AUG 13 2019

BY *[Signature]*