



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

Annual Report for the year: 2020
 Corporation

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

FILED
STAMP
 DEC 23 2019
 BY 25593 DS

1. Entity ID Number 69924		2. Exact name of the Corporation New England School Services, Inc			
3. Principal Office Address 98 Hicks Avenue			City Medford	State MA	Zip 02155
4. NAICS Code 238390		6. Brief description of the character of business conducted in Rhode Island Repairs and replacement of doors and door hardware			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wayne R. Hingston			Vice-President Name Brian J. Hingston		
Street Address 98 Hicks Avenue			Street Address 98 Hicks Avenue		
City Medford	State MA	Zip 02155	City Medford	State MA	Zip 02155
Secretary Name Brian J. Hingston			Treasurer Name		
Street Address 98 Hicks Avenue			Street Address		
City Medford	State MA	Zip 02155	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brian J. Hingston			Director Name		
Street Address 98 Hicks Avenue			Street Address		
City Medford	State MA	Zip 02155	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/SERIALS	
		100		COMM	
				PAR VALUE	
				No Par Value	
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 Wayne R. Hingston				Date 12/17/2019	
Signature of Authorized Representative <i>Wayne R. Hingston</i> SIGN DOCUMENT HERE					

MAIL TO:
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 Website: www.sos.ri.gov