



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

FILED

Annual Report for the year: 2020
 Corporation

FEB 18 2020

8237

[Handwritten initials]

- 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 110137		2. Exact name of the Corporation New England Tent Company			
3. Principal Office Address 9 Peter Road			City Bristol	State RI	Zip 02809
4. NAICS Code 532310		6. Brief description of the character of business conducted in Rhode Island To engage in the general business of rental, lease and/or sale of tent, party, and other similar items			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George Garvin			Vice-President Name		
Street Address 9 Peter Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name George Gavin			Treasurer Name George Gavin		
Street Address 9 Peter Road			Street Address 9 Peter Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name George Gavin			Director Name		
Street Address 9 Peter Road			Street Address		
City Bristol	State RI	Zip 02809	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/RIES	PAR VALUE
			100	Common	No Par
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. <i>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.</i>					
Name of Authorized Representative George Gavin				Date 2/12/20	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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