



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

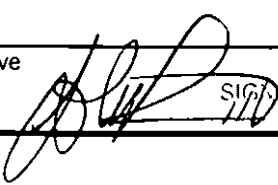
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

MAR 26 2020

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| 1. Entity ID Number<br><b>115022</b>                                                                                                                                                                                                              |                    | 2. Exact name of the Corporation<br><b>NEW ENGLAND SUPPORT SERVICES CO. INC.</b>                                                |                                                                                                                                                                                                                                                    |                    |                           |                  |              |           |     |        |              |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|------------------|--------------|-----------|-----|--------|--------------|--|--|--|
| 3. Principal Office Address<br><b>901 BROADWAY</b>                                                                                                                                                                                                |                    |                                                                                                                                 | City<br><b>EAST PROVIDENCE</b>                                                                                                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02914</b>       |                  |              |           |     |        |              |  |  |  |
| 4. NAICS Code<br><b>53 1390</b>                                                                                                                                                                                                                   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE, PROPERTY MANAGEMENT SERVICES</b> |                                                                                                                                                                                                                                                    |                    |                           |                  |              |           |     |        |              |  |  |  |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>                                                                                                                                                                                                  |                    |                                                                                                                                 |                                                                                                                                                                                                                                                    |                    |                           |                  |              |           |     |        |              |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                    |                    |                                                                                                                                 |                                                                                                                                                                                                                                                    |                    |                           |                  |              |           |     |        |              |  |  |  |
| President Name<br><b>JOHN E. REBELLO III</b>                                                                                                                                                                                                      |                    |                                                                                                                                 | Vice-President Name<br><b>JOHN E. REBELLO IV</b>                                                                                                                                                                                                   |                    |                           |                  |              |           |     |        |              |  |  |  |
| Street Address<br><b>P.O. BOX 16451</b>                                                                                                                                                                                                           |                    |                                                                                                                                 | Street Address<br><b>901 BROADWAY</b>                                                                                                                                                                                                              |                    |                           |                  |              |           |     |        |              |  |  |  |
| City<br><b>EAST PROVIDENCE</b>                                                                                                                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02916</b>                                                                                                             | City<br><b>EAST PROVIDENCE</b>                                                                                                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02914</b>       |                  |              |           |     |        |              |  |  |  |
| Secretary Name<br><b>JOHN E. REBELLO III</b>                                                                                                                                                                                                      |                    |                                                                                                                                 | Treasurer Name<br><b>JOHN E. REBELLO III</b>                                                                                                                                                                                                       |                    |                           |                  |              |           |     |        |              |  |  |  |
| Street Address<br><b>P.O. BOX 16451</b>                                                                                                                                                                                                           |                    |                                                                                                                                 | Street Address<br><b>P.O. BOX 16451</b>                                                                                                                                                                                                            |                    |                           |                  |              |           |     |        |              |  |  |  |
| City<br><b>EAST PROVIDENCE</b>                                                                                                                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02916</b>                                                                                                             | City<br><b>EAST PROVIDENCE</b>                                                                                                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02916</b>       |                  |              |           |     |        |              |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                   |                    |                                                                                                                                 |                                                                                                                                                                                                                                                    |                    |                           |                  |              |           |     |        |              |  |  |  |
| Director Name<br><b>JOHN E. REBELLO III</b>                                                                                                                                                                                                       |                    |                                                                                                                                 | Director Name                                                                                                                                                                                                                                      |                    |                           |                  |              |           |     |        |              |  |  |  |
| Street Address<br><b>P.O. BOX 16451</b>                                                                                                                                                                                                           |                    |                                                                                                                                 | Street Address                                                                                                                                                                                                                                     |                    |                           |                  |              |           |     |        |              |  |  |  |
| City<br><b>EAST PROVIDENCE</b>                                                                                                                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02916</b>                                                                                                             | City                                                                                                                                                                                                                                               | State              | Zip                       |                  |              |           |     |        |              |  |  |  |
| Director Name                                                                                                                                                                                                                                     |                    |                                                                                                                                 | Director Name                                                                                                                                                                                                                                      |                    |                           |                  |              |           |     |        |              |  |  |  |
| Street Address                                                                                                                                                                                                                                    |                    |                                                                                                                                 | Street Address                                                                                                                                                                                                                                     |                    |                           |                  |              |           |     |        |              |  |  |  |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                                                             | City                                                                                                                                                                                                                                               | State              | Zip                       |                  |              |           |     |        |              |  |  |  |
| 9. Shares Authorized                                                                                                                                                                                                                              |                    |                                                                                                                                 | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                              |                    |                           |                  |              |           |     |        |              |  |  |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                  |                    |                                                                                                                                 | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                    |                           | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | COMMON | NO PAR VALUE |  |  |  |
|                                                                                                                                                                                                                                                   |                    |                                                                                                                                 | NUMBER OF SHARES                                                                                                                                                                                                                                   | CLASS/SERIES       | PAR VALUE                 |                  |              |           |     |        |              |  |  |  |
| 100                                                                                                                                                                                                                                               | COMMON             | 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. |                    |                                                                                                                                 |                                                                                                                                                                                                                                                    |                    |                           |                  |              |           |     |        |              |  |  |  |
| <b>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.</b>                                       |                    |                                                                                                                                 |                                                                                                                                                                                                                                                    |                    |                           |                  |              |           |     |        |              |  |  |  |
| Name of Authorized Representative<br><b>JOHN E. REBELLO III</b>                                                                                                                                                                                   |                    |                                                                                                                                 |                                                                                                                                                                                                                                                    |                    | Date<br><b>03/15/2020</b> |                  |              |           |     |        |              |  |  |  |
| Signature of Authorized Representative  SIGN DOCUMENT HERE                                                                                                     |                    |                                                                                                                                 |                                                                                                                                                                                                                                                    |                    |                           |                  |              |           |     |        |              |  |  |  |

## MAIL TO:

Division of Business Services

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