



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

**FILED**

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.

JUL 16 2020  
 BY 5376-5380  
DS

1. Entity ID Number <b>82302</b>	2. Exact name of the Corporation <b>NEW ENGLAND RESTAURANT REPAIR, INC</b>		
3. Principal Office Address <b>1845 SMITH ST. UNIT 6</b>		City <b>NORTH PROVIDENCE</b>	State <b>R.I.</b>
		Zip <b>02911</b>	
4. NAICS Code <b>238220</b>	6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT EQUIPMENT REPAIR</b>		
5. State of Incorporation <b>R.I.</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 <b>BRIAN PATZOLD</b>			Vice-President Name <b>SAME</b>		
Street Address <b>252 SUMMER ST</b>			Street Address		
City <b>ROXBOROUGH</b>	State <b>MA</b>	Zip <b>02769</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SAME</b>			Director Name		
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 <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.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>200</b>	<b>COMM</b>
			<b>NONE</b>

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 <b>Jeffrey Maxwell</b>	Date <b>3-23-2020</b>
Signature of Authorized Representative <i>Jeffrey Maxwell</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