



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

5376-5386
DS

1. Entity ID Number 82302		2. Exact name of the Corporation NEW ENGLAND RESTAURANT REPAIR, INC			
3. Principal Office Address 1845 SMITH ST. UNIT 6		City NORTH PROVIDENCE		State R.I.	Zip 02911
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island RESTAURANT EQUIPMENT REPAIR			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRIAN PATZOLD			Vice-President Name SAME		
Street Address 252 SUMMER ST			Street Address		
City RHODES	State MA	Zip 02769	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SAME			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES COMM	PAR VALUE NONE
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 Jeffrey M. Maxwell				Date 3-23-2020	
Signature of Authorized Representative <i>Jeffrey M. Maxwell</i>					

MAIL TO:
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