



State of Rhode Island

## 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

OCT 07 2020

BY

12412

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1. Entity ID Number 000136506		2. Exact name of the Corporation New England Stevedore Services, Corp.												
3. Principal Office Address C/O THOMAS MCGEE 64 REUBEN BROWN LANE			City Exeter	State RI	Zip 02822									
4. NAICS Code 336999		6. Brief description of the character of business conducted in Rhode Island STEVEDORING MOTORIZED VESSELS AND TERMINAL OPERATIONS CONSISTING OF RAILROAD CAR WORK AND DELIVERY OF PRODUCTS FROM STEVEDORING OPERATIONS												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name THOMAS J MCGEE			Vice-President Name											
Street Address PO BOX 1669			Street Address											
City North Kingstown	State RI	Zip 02852	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			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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000.00</td> <td>STK</td> <td>\$0.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000.00	STK	\$0.0000			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1,000.00	STK	\$0.0000												
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 Sara Demeo				Date 10/2/2020										
Signature of Authorized Representative <i>Sara Demeo</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