



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
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**

**STAMP**

JAN 20 2021

BY 1948 DS

1. Entity ID Number <b>573640</b>		2. Exact name of the Corporation <b>NORTH AMERICAN RESTAURANT EQUIPMENT, INC.</b>			
3. Principal Office Address <b>5 Reardon Way</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-0000</b>
4. NAICS Code <b>423440</b>		6. Brief description of the character of business conducted in Rhode Island <b>to buy and sell new and used restaurant equipment</b>			
5. State of Incorporation <b>RI</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>Marco E. Conti</b>			Vice-President Name <b>Marco E. Conti</b>		
Street Address <b>5 Reardon Way</b>			Street Address <b>5 Reardon Way</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-</b>
Secretary Name <b>Marco E. Conti</b>			Treasurer Name <b>Marco E. Conti</b>		
Street Address <b>5 Reardon Way</b>			Street Address <b>5 Reardon Way</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-</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 <b>Marco E. Conti</b>			Director Name <b>none</b>		
Street Address <b>5 Reardon Way</b>			Street Address <b>none</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
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>100</b>	<b>Common</b>	<b>No Par</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. <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 <b>Marco E. Conti</b>  <b>President</b>				Date <b>1/04/2021</b>	
Signature of Authorized Representative 					