



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 182

MAR 09 2021

BY 27089

1. Entity ID Number 69924		2. Exact name of the Corporation NEW ENGLAND SCHOOL SERVICES, INC												
3. Principal Office Address 98 HICKS AVENUE			City MEDFORD	State MA	Zip 02155									
4. NAICS Code 238390		6. Brief description of the character of business conducted in Rhode Island FURNISHES AND INSTALLS DOORS, DOOR HARDWARE AND BATHROOM PARTITIONS												
5. State of Incorporation MASSACHUSETTS														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name WAYNE R HINGSTON			Vice-President Name BRIAN J HINGSTON											
Street Address 98 HICKS AVENUE			Street Address 60 FLORENCE AVENUE											
City MEDFORD	State MA	Zip 02155	City ARLINGTON	State MA	Zip 02476									
Secretary Name BRIAN J HINGSTON			Treasurer Name											
Street Address 60 FLORENCE AVENUE			Street Address											
City ARLINGTON	State MA	Zip 02476	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name WAYNE R HINGSTON			Director Name											
Street Address 98 HICKS AVENUE			Street Address											
City MEDFORD	State MA	Zip 02155	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
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>100</td> <td>COMM</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	COMM	NO PAR VALUE			
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100	COMM	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.														
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 WAYNE R. HINGSTON					Date 03/01/2021									
Signature of Authorized Representative 														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020