RI SOS Filing Number: 202104478820 Date: 11/1/2021 2:34:00 PM

State of Rhode Island and Providence Plantations

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.

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BUS SVCS DIV
2021 NOV -1 PM 2:32

1. Entity ID Number	2. Exact name of the Corporation
000136506	New England Stevedore Services, Corp

3. Principal Office Address	City	State	Zip
c/o Thomas McGee 64 Reuben Brown Lane	Exeter	RI	02822

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
336999	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) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Thomas J. McGee	
Street Address: 64 Reuben Brown Lane	Street Address
City: Exeter / State: RI / Zip: 02822	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 ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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.

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	Date
Thomas J McGee	9/17/21

Signature of Authorized Representative: Thomas J McGee

FILED
NOV 1 2021

$ 40.00 2134

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: 10/2017