



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

2021RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 NOV - 1 PM 2:32

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000136506		2. Exact name of the Corporation New England Stevedore Services, Corp			
3. Principal Office Address 40 Thomas McGee 64 Reuben Brown Lane		City Exeter		State RJ	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 RJ					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Thomas J McGee			Vice-President Name		
Street Address 64 Reuben Brown Lane			Street Address		
City Exeter	State RJ	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. Changes require an additional filing.		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. 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 Thomas J McGee				Date 9/17/21	
Signature of Authorized Representative Thomas J McGee					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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