



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023.

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 MAR 14 2023  
 BY 7996 *eg*

1. Entity ID Number 116334		2. Exact name of the Corporation NEW ENGLAND COPPERWORKS, INC.	
3. Principal Office Address 25 Maple Avenue		City Smithfield	State RI
		Zip 02917	
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island metal spinning and metal fabrication		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name William J. Juaire		Vice-President Name Susanne R. Juaire	
Street Address 199 Terrace Drive		Street Address 199 Terrace Drive	
City Chepachet	State RI	City Chepachet	State RI
Zip 02814		Zip 02814	
Secretary Name Susanne R. Juaire		Treasurer Name William J. Juaire	
Street Address 199 Terrace Drive		Street Address 199 Terrace Drive	
City Chepachet	State RI	City Chepachet	State RI
Zip 02814		Zip 02814	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		100	common
			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. <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 William J. Juaire, President		Date 3/8/23 ✓	
Signature of Authorized Representative <i>William J. Juaire</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