



State of Rhode Island
Department of State - Business Services Division

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.

FILED
APR 18 2023
 BY [Signature]

1. Entity ID Number 691820		2. Exact name of the Corporation REEL NEW ENGLAND <i>Company</i>			
3. Principal Office Address 417 DOUGLAS PIKE		City SMITHFIELD	State RI	Zip 02917	
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island ASSEMBLY AND DISTRIBUTION OF REELS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BELKIS GRAVEL			Vice-President Name		
Street Address 103 SWEETLAND AVENUE			Street Address		
City ATTLEBORO	State MA	Zip 02703	City	State	Zip
Secretary Name			Treasurer Name BELKIA GRAVEL GRAVEL		
Street Address			Street Address 103 SWEETLAND AVENUE		
City	State	Zip	City ATTLEBORO	State MA	Zip 02703
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BELKIS GRAVEL			Director Name JOSHUA GRAVEL		
Street Address 103 SWEETLAND AVENUE			Street Address 103 SWEETLAND AVENUE		
City	State	Zip	City ATTLEBORO	State MA	Zip 02703
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		73995		COMMON	\$1.00
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 JOHN A PARMELEE, CPA				Date 1/11/2023	
Signature of Authorized Representative <i>[Signature]</i>					

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