



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 573640		2. Exact name of the Corporation NORTH AMERICAN RESTAURANT EQUIPMENT, INC.			
3. Principal Office Address 5 Reardon Way		City Smithfield		State RI	Zip 02917-0000
4. NAICS Code 423440		6. Brief description of the character of business conducted in Rhode Island to buy and sell new and used restaurant equipment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marco E. Conti			Vice-President Name Marco E. Conti		
Street Address 5 Reardon Way			Street Address 5 Reardon Way		
City Smithfield	State RI	Zip 02917-	City Smithfield	State RI	Zip 02917-
Secretary Name Marco E. Conti			Treasurer Name Marco E. Conti		
Street Address 5 Reardon Way			Street Address 5 Reardon Way		
City Smithfield	State RI	Zip 02917-	City Smithfield	State RI	Zip 02917-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marco E. Conti			Director Name none		
Street Address 5 Reardon Way			Street Address none		
City Smithfield	State RI	Zip 02917-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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	
100		Common		No Par	
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 Marco E. Conti President				Date January 2, 2024	
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

FILED
JAN 30 2024
BY