



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.

FILED
MAY 10 2024
BY *[Signature]* 11036

1. Entity ID Number 001693754		2. Exact name of the Corporation Northern Equipment Corp			
3. Principal Office Address 344 George Washington Highway			City Smithfield	State RI	Zip 02917
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island Site Preparation			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Deborah Mercure			Vice-President Name Deborah Mercure		
Street Address 37 Dickinson Avenue			Street Address 37 Dickinson Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Deborah Mercure			Treasurer Name Deborah Mercure		
Street Address 37 Dickinson Avenue			Street Address 37 Dickinson Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Deborah Mercure			Director Name Arthr Mercure		
Street Address 37 Dickinson Avenue			Street Address 37 Dickinson Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		400	CNP	\$0.000	
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 Deborah Mercure					Date 05-06-2024
Signature of Authorized Representative <i>Deborah Mercure</i>					

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