

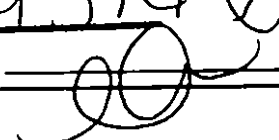
State of Rhode Island  
Department of State - Business Services Division

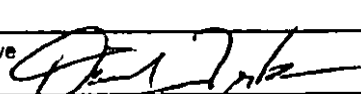
Annual Report for the year: 2024  
Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

JUL 09 2024

BY 43746  


1. Entity ID Number 000007793		2. Exact name of the Corporation MARSHALL FOOD EQUIPMENT SERVICE INC				
3. Principal Office Address 200 BROAD STREET			City PROVIDENCE	State RI	Zip 02903	
4. NAICS Code 443141		6. Brief description of the character of business conducted in Rhode Island ELECTRICAL APPLIAN				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name DAVID TESTA			Vice-President Name DEREK TESTA			
Street Address 85 ROSEMARY RD			Street Address 41 PERVERIL RD			
City NO ATTLEBORO	State MA	Zip 02760	City CRANSTON	State RI	Zip 02921	
Secretary Name DEREK TESTA			Treasurer Name DAVID TESTA			
Street Address 41 PEVERIL RD			Street Address 85 ROSEMARY RD			
City CRANSTON	State RI	Zip 02921	City NO ATTLEBORO	State MA	Zip 02760	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name DEREK TESTA			Director Name DAVID TESTA			
Street Address 41 PERVERIL RD			Street Address 85 ROSEMARY RD			
City CRANSTON	State RI	Zip 02921	City NO ATTLEBORO	State MA	Zip 02760	
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.			Check the box to indicate an attachment <input type="checkbox"/>			
			NUMBER OF SHARES 175		CLASS/SERIES COMMON	PAR VALUE 1
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					Date 3/4/2024	
Signature of Authorized Representative DAVID TESTA 						

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov