



State of Rhode Island  
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025

JAN 29 2025

Corporation

BY 7246 *al*

- 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 <b>000073009</b>	2. Exact name of the Corporation <b>S N E EQUIPMENT CORP</b>
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3. Principal Office Address <b>150 HIGGINSON AVENUE</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
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4. NAICS Code <b>484200</b>	6. Brief description of the character of business conducted in Rhode Island <b>BUSINESS OF TRUCKING, EQUIPMENT RENTAL AND LEASING</b>
5. State of Incorporation <b>RHODE ISLAND</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARY ANN DISCUILLO</b>			Vice-President Name		
Street Address <b>470 PIPPIN ORCHARD ROAD</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip
Secretary Name <b>CAROLE ANN DISCUILLO</b>			Treasurer Name <b>JOANN CICCARELLI</b>		
Street Address <b>470 PIPPIN ORCHARD ROAD</b>			Street Address <b>141 BEECHWOOD DRIVE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	<b>8,000.00</b>	<b>CNP</b>	<b>\$0.0000</b>

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 <b>JOANN CICCARELLI</b>	Date <b>1-27-25</b>
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Signature of Authorized Representative <i>Joann Ciccarella</i>
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