



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025

JAN 29 2025

Corporation

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

BY 7246 *al*

1. Entity ID Number 000073009		2. Exact name of the Corporation S N E EQUIPMENT CORP			
3. Principal Office Address 150 HIGGINSON AVENUE			City LINCOLN	State RI	Zip 02865
4. NAICS Code 484200		6. Brief description of the character of business conducted in Rhode Island BUSINESS OF TRUCKING, EQUIPMENT RENTAL AND LEASING			
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 MARY ANN DISCUILLO			Vice-President Name		
Street Address 470 PIPPIN ORCHARD ROAD			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name CAROLE ANN DISCUILLO			Treasurer Name JOANN CICCARELLI		
Street Address 470 PIPPIN ORCHARD ROAD			Street Address 141 BEECHWOOD DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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		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	
		8,000.00		CNP	
		PAR VALUE		\$0.0000	
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 JOANN CICCARELLI					Date 1-27-25
Signature of Authorized Representative <i>Joann Ciccarella</i>					

MAIL TO:
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Website: www.sos.ri.gov