



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 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.

FILED

FEB 24 2025

BY

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 Service and parts for cooking, food preparation, ware washing and coffee equipment.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name David Testa			Vice-President Name Derek Testa		
Street Address 85 Rosemary Rd			Street Address 41 Peveril Rd		
City North 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 North Attleboro	State MA	Zip 02760
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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. <b>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.</b>					
Name of Authorized Representative David Testa				Date 2/13/2025	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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