RI SOS Filing Number: 202576625560 Date: 7/3/2025 4:00:00 PM

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.

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BUS SVCS

2025 JUL -3 P 2:09

1. Entity ID Number	2. Exact name of the Corporation			
0052445 2	New England Grill Co.			
3. Principal Office Address		City	State	Zip
1960 East Main Rd.		Portsmouth	RI	02871
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
443141	Retail store of grills, outdoor kitchens, fireplaces, gas, wood, pellet, stoves.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Saleem Magnby					
Street Address			Street Address		
140 North Ct.					
City	State	Zip	City	State	Zip
Tiverton	RI	02878			
Secretary Name			Treasurer Name		
Elizabeth Magnby					
Street Address			Street Address		
140 North Ct					
City	State	Zip	City	State	Zip
Tiverton	RI	02878			

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	CNP	$0

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
Elizabeth Magnby	6/27/25
Signature of Authorized Representative	
E Magnby	

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JUL 03 2025
BY TVP56

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov