



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2026: 2026

1. Corporate ID No. 000161052

2. Name of Corporation New England Sanitary Supply Association

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813910

4. Principal Office Address

No. and Street: P.O. BOX 9246

City or Town: FALL RIVER State: MA Zip: 02720 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO ADVANCE THE INTERESTS OF THOSE PERSONS INVOLVED IN THE BUSINESS OF PROVIDING OR MANUFACTURING SANITARY SUPPLIES OR THE USE OF SUCH IN A COMMERCIAL ENTERPRISE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	ANTHONY LAURETTO	38 CHAPEL STREET PEMBROKE, MA 02359 USA
PRESIDENT	JESSE WOLKIEWICZ	5 CARROLLTON STREET SALEM, MA 01970 USA
VICE PRESIDENT	JOE CALARESE	P.O. BOX 301 MERIDITH, NH 03253
DIRECTOR	NICOLE BERNARDO	1347 NEW BOSTON ROAD FALL RIVER, MA 02720 USA
DIRECTOR	ANDY RAY	90 PRINCE HENRY DRIVE TAUNTON, MA 02780 USA
DIRECTOR	JAMES O'NEIL	98 ADAMS ST LEXINGTON, MA 02420 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

COLE CALLAHAN 44 ALLEN AVENUE WAKEFIELD , RI 02879

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 5 Day of December, 2025 at 9:31:25 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By NICOLE BERNARDO
Signature of Authorized Person

Form No. 631
Revised 09/07

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