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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
17800	NORTHEASTERN CONTRACTING CORPORATION			
3. Street Address Principal Business Office		City	State	Zip
20 Margin Street		Westerly	Rhode Island	02891
4. Business Phone No.	5. State of Incorporation			
401-348-8526	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
CONCRETE FOUNDATION CONSTRUCTION

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Harry James Golden			Deborah Gene Bendfeldt		
Street Address			Street Address		
20 Margin Street - P.O. Box 102			24 Oak Drive		
City	State	Zip	City	State	Zip
Westerly	Rhode Island	02891-0102	North Stonington	Connecticut	06359
Secretary Name			Treasurer Name		
Deborah Gene Bendfeldt			Harry James Golden		
Street Address			Street Address		
24 Oak Drive			20 Margin Street - P.O. Box 102		
City	State	Zip	City	State	Zip
North Stonington	Connecticut	06359	Westerly	Rhode Island	02891-0102

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Harry James Golden			None		
Street Address			Street Address		
20 Margin Street - P.O. Box 102					
City	State	Zip	City	State	Zip
Westerly	Rhode Island	02891-0102			
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			10	COMMON	NO PAR

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.

[redacted] [redacted]

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.

7 February 2008
Signature Date

Harry James Golden
Print or Type Name

President
Title

File Date FILED
Check No. FEB 08 2008
By 17010 mne
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[redacted]

Form 630 Rev. 12/06

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