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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(e), 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			
107204	NELCO International, Inc.			
3. Street Address Principal Business Office		City	State	Zip
339 6th Ave West		Bradenton	FL	34205
4. Business Phone No.	5. State of Incorporation			
941-745-1836	Florida			

6. Brief Description of the Character of Business Conducted in Rhode Island
Professional Employers Organization

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

President Name			Vice President Name		
Dori A. Rath			Benjamin Hewitt		
Street Address			Street Address		
339 6th Ave West			111 W. Jefferson St Ste 100		
City	State	Zip	City	State	Zip
Bradenton	FL	34205	Orlando	FL	32801
Secretary Name			Treasurer Name		
Linda B. Alcathie			Mark Lowrey		
Street Address			Street Address		
339 6th Ave West			111 W. Jefferson St. Ste 100		
City	State	Zip	City	State	Zip
Bradenton	FL	34205	Orlando	FL	32801

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

Director Name			Director Name		
Dori A. Rath					
Street Address			Street Address		
339 6th Ave West					
City	State	Zip	City	State	Zip
Bradenton	FL	34205			
Director Name			Director Name		
Benjamin Hewitt					
Street Address			Street Address		
111 W. Jefferson St Ste 100					
City	State	Zip	City	State	Zip
Orlando	FL	32801			

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
10,000	Common	$1.00	100	Common	$1.00
			THIS SECTION MUST BE COMPLETED		

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]

FILED
File Date APR 07 2008
Check No. By DS0002408
By:
21652-20-250974
FOR SECRETARY OF STATE USE ONLY

[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.

Dori A Rath 3/31/08
Signature *Date*

Dori A. Rath
Print or Type Name

President / Director
Title

Form 630 Rev. 12/06