



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. 108439		2. Name of Corporation New England Investment Properties, Inc.			
3. Street Address Principal Business Office 1481 Atwood Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-861-7788		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS IN BUYING, SELLING, DEVELOPING, TRANSFERING, LEASING, AND/OR RENTING REAL ESTATE.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard J. Colardo, Sr.			Vice President Name Christopher D. Colardo		
Street Address 1481 Atwood Avenue			Street Address 1481 Atwood Ave		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Christopher D. Colardo			Treasurer Name Richard J. Colardo, Jr.		
Street Address 1481 Atwood Avenue			Street Address 1481 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christopher D. Colardo			Director Name Richard J. Colardo, Jr.		
Street Address 1481 Atwood Avenue			Street Address 1481 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Richard J. Colardo, Sr.			Director Name		
Street Address 1481 Atwood Avenue			Street Address		
City Johnston	State RI	Zip 02919	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
8,000	\$.01 PAR VALUE		5,000	CLASS A	no par
			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.

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.

Signature

Date

Christopher D. Colardo

Print or Type Name

Secretary

Title

File Date	FILED
Check No.	APR 07 2008
By	DS 1481
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