



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

[Click here for instruction page](#)

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 2009

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 104159		2. Name of Corporation NEW ENGLAND INTERNET PUBLISHING CORPORATION			
3. Street Address Principal Business Office 25 CABOT STREET			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 477-3066		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island 					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GARRY MAW			Vice President Name GARRY MAW		
Street Address 25 CABOT STREET			Street Address 25 CABOT STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name GARRY MAW			Treasurer Name GARRY MAW		
Street Address 25 CABOT STREET			Street Address 25 CABOT STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GARRY MAW			Director Name 		
Street Address 25 CABOT STREET			Street Address 		
City LINCOLN	State RI	Zip 02865	City 	State 	Zip
Director Name 			Director Name 		
Street Address 			Street Address 		
City 	State 	Zip 	City 	State 	Zip
9. SHARES AUTHORIZED 600 COMMON NO PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			NON ISSUED		

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.

FILED

File Date **FEB 18 2009**

Check No. **By 7539**

By: _____

FOR SECRETARY OF STATE USE ONLY

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 Garry Maw Date 2/7/09

GARRY MAW

Print or Type Name

PRESIDENT

Title