

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(e¢d)) is

subject to a penalty fee of \$25.00.  1. Corporate ID No.  96516	2. Name of Corporat Northeast Ver	of Corporation east Ventures, Inc.			
3. Street Address Principal Business Office 1478 Atwood Avenue Suite 211			Gity Johnston	State RI	<i>z</i> φ <b>02919</b>
4. Business Phone No. 401-453-2300  5. State of Incorporation Rhode Island					
5. Brief Description of the Character of to purchase, sell, lease, acq	uire, mortgage ar	nd otherwise deal in real e			
7. NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) TILL IN Vice President Name	N SPACES BEFORE USING	ATTACHMENTS
President Name Allen H. Cicchitelli			Allen H. Cicchitelli		
Street Address 1478 Atwood Avenue Suite 211			Street Address 1478 Atwood Avenue Suite 211		
Secretary Name Christopher A. Cicchitelli			Treasurer Name Allen H. Cicchitelli		
Street Address 1478 Atwood Avenue Suite 211			Street Address 1478 Atwood Avenue Suite 211		
City Johnston	State RI	<sup>Ζψ</sup> <b>02919</b>	City Johnston	State RI	<sup>Zφ</sup> <b>02919</b>
8. NAMES AND ADDRESSES	OF THE DIRECT	ORS: ("X" BOX FOR ATT	_	IN SPACES BEFORE USIN	G ATTACHMENTS
Director Name Allen H. Cicchitelli			Director Name		
Street Address			Street Address		
1478 Atwood Avenue Suite 211					
City	State	Ζψ	City	State	Zip
Johnston	RI	02919	:	1	
Director Name	.J		Director Name		•••••••
Street Address			Street Address		
City	State	Zip	City	State	Zψ
9. SHARES AUTHORIZED	i	I	:		
			ISSUED SHARES THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par
This report must be executed this report must be executed	on behalf of the	corporation by an authoriz	ed representative. If the	e corporation is in the hand	Is of a receiver or trustee
this report must be executed	on behalf of the e	orporation by the received	or trustee.		
			Under nenalty	of perjury, I declare and affirm	that I have examined this re
				or perjury, I decrate and artiful accompanying schedules and st	
<i>A A</i>	11 00			in are true and correct.	1. 0
File Date	4009		(dutt)	echtelli Thes	want 2-21-
//	17	_	Signature		Date
Check No.	/	_	Allen H	Cicchitelli	
m	me		Print or Type N		
By:		_   _	Presider		
FOR SECRETARY OF ST	ATE USE ONLY				
			Title		Form 630 Rev. 08/08