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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 2010

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			
93019	NORTHEAST INTERIOR SYSTEMS, INC.			
3. Street Address Principal Business Office		City	State	Zip
7701 RIALTAGE DR		LIVERPOOL	NY	13090
4. Business Phone No.	5. State of Incorporation			
315-622-3121	NEW YORK			

6. Brief Description of the Character of Business Conducted in Rhode Island
INSTALLATION OF CASEWORK

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

President Name	Vice President Name
Jonathan LAST	
Street Address	Street Address
7568 GREEN BOUGH CIRCLE	
City / State / Zip	City / State / Zip
BALDWINSVILLE / NY / 13027	
Secretary Name	Treasurer Name
DENNIS EDSON	DENNIS EDSON
Street Address	Street Address
43 EAST ELIZABETH ST	43 EAST ELIZABETH ST
City / State / Zip	City / State / Zip
SKANEATELES / NY / 13152	SKANEATELES / NY / 13152

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

Director Name	Director Name
BERT BOWDEN	Jonathan LAST
Street Address	Street Address
695 CHOKALOG RD	7568 GREEN BOUGH CIRCLE
City / State / Zip	City / State / Zip
Uxbridge / MA / 01569	BALDWINSVILLE / NY / 13027
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED
2200 Common NO PAR VALUE

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	A	NO
2000	B	NO

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.

Signature — *Date* 2/2/10

DENNIS EDSON
Print or Type Name

SECRETARY
Title

[redacted]

File Date FILED
Check No. FEB 04 2010
By: By 10102346

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Form 630 Rev. 08/08