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

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
87202	NEB MANAGEMENT, CORP.

3. Street Address Principal Business Office	City	State	Zip
1 LAGOON ROAD	PORTSMOUTH	RI	02871

4. Business Phone No.	5. State of Incorporation
401-683-4000	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE MANAGEMENT SERVICES

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

President Name			Vice President Name		
Thomas C. Rich					
Street Address			**Street Address**		
One Lagoon Road					
City	State	Zip	City	State	Zip
Portsmouth	RI	02871			
Secretary Name			**Treasurer Name**		
David S. MacBain			Steven Casella		
Street Address			**Street Address**		
One Lagoon Road			One Lagoon Road		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871

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

Director Name			Director Name		
Thomas C. Rich			Steven Casella		
Street Address			**Street Address**		
One Lagoon Road			One Lagoon Road		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871
Director Name			**Director Name**		
David S. MacBain					
Street Address			**Street Address**		
One Lagoon Road					
City	State	Zip	City	State	Zip
Portsmouth	RI	02871			

9. SHARES AUTHORIZED

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

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.	Number of Shares	Class/Series	Par Value
	300	Common	No Par

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	MAR 24 2010
Check No.	
BY	10798

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.

_____ 1/26/2010
Signature   Date

Thomas C. Rich
Print or Type Name

President
Title