



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 2011

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. 69467		2. Name of Corporation Northeast Laser Image of New England, Inc.					
3. Street Address Principal Business Office 3 Central Street		City Providence		State R.I.		Zip 02907	
4. Business Phone No. (401) 431-5233		5. State of Incorporation RI					
6. Brief Description of the Character of Business Conducted in Rhode Island							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Wilfred L. Johnson				Vice President Name Wilfred L. Johnson			
Street Address 804 Heathercreek Ct.				Street Address Same			
City Englewood		State FL		Zip 34223			
Secretary Name				Treasurer Name			
Street Address				Street Address			
City		State		Zip			
City		State		Zip			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name NONE				Director Name NONE			
Street Address				Street Address			
City		State		Zip			
City		State		Zip			
Director Name				Director Name			
Street Address				Street Address			
City		State		Zip			
City		State		Zip			
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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 4000		Class/Series COMM	Par Value 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

MAR 01 2011

By

File Date

Check No.

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

Date

Kevin J. Johnson

Print or Type Name

General Manager

Title