



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. 489255		2. Name of Corporation Northeast Associates, Inc.			
3. Street Address Principal Business Office 100 Thrush Road			City Warwick	State R.I.	Zip 02886
4. Business Phone No. 401-391-2448		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island Dental equipment repair					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert N. Sevigny, Jr.			Vice President Name Robert D. Cambio		
Street Address 31 Count Fleet Ave.			Street Address 100 Thrush Road		
City Warwick	State R.I.	Zip 02889	City Warwick	State R.I.	Zip 02886
Secretary Name None			Treasurer Name None		
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 Robert N. Sevigny, Jr.			Director Name Robert D. Cambio		
Street Address 31 Count Fleet Ave.			Street Address 100 Thrush Road		
City Warwick	State R.I.	Zip 02889	City Warwick	State R.I.	Zip 02886
Director Name None			Director Name None		
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 <b>MUST</b> BE COMPLETED		
			Number of Shares 300	Class/Series Common	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**

File Date MAR 21 2011  
Check No. \_\_\_\_\_  
By: BY [Signature]  
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.

Robert D Cambio 1/8/11  
Signature Date  
Robert D. Cambio  
Print or Type Name  
Vice President  
Title