

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penaity see of \$25.00.					
1. Corporate ID No.	2. Name of Corporation				
555416	NECON, Inc.				
3. State of Incorporation	! '	4. Corporate address in Rhode Island - Street Address			Zip
Massachusetts		2 Regency Plaza			02903
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip
307 Old Warren Road			Swansea	MA	02777
6. Brief Description of the character	of the affairs which are a	ctually conducted in Rb	ode Island		
Conduct business from regi	stered officehold	annual conference	in Providence, RI		
7. NAMES AND ADDRESSES	OF THE OFFICER	S: ("X" BOX FOR AT		ACES BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Bertram A. Yaffe			none		
Street Address 2 Regency Plaza, Suite 9	110		Street Address		
Z regency Flaza, Sulte 9	State	Zip	City	State	
Providence	Rhode Island	02903	Cuje	Suite	Zip
Secretary Name	Trilode Island	102903	Tananan Nama		
Claire Purdy			Treasurer Name William Waters		
Street Address			Street Address		
307 Old Warren Road			157 Pleasant Stree	et	
City	State	Zip	City	State	Zip
Swansea	Massachusetts	02777	Rumford	Rhode Island	02916
8. NAMES AND ADDRESSES					
THE NUMBER OF DIRECTO	ORS OF A DOMEST	IC (RHODE ISLAN	ND) CORPORATION <u>SHALL</u>	NOT BE LESS THAN THE	EE (3). R.I.G.L. 7-6-23
Director Name			Director Name		
Bertram A. Yaffe			William Waters		
Street Address			Street Address		
2 Regency Plaza, Suite 9	12		157 Pleasant Stree	et	
City	State	Zip	Ciţv	State	Zip
Providence	Rhode Island	02903	Rumford	Rhode Island	02916
Director Name			Director Name		
Claire Purdy			none		
Street Address			Street Address		
307 Old Warren Road					
City	State	Zip	City	State	Zip
Swansea	Massachusetts	02777	1		
9. REGISTERED AGENT IN I	RHODE ISLAND			•	•
This information is currently o	of record in the Office	e of the Secretory of	f State Changes require files	of Form 641 DICL 761	17 4 70
The information is currently to	record in the Offic	c of the Secretary Of	orace. Changes require ming	OLFORII 041 - K.I.G.L. /-0-1.	0//-0-/6
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This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	FILED	_
File Date	JUN 09 2011	
Check No	By MMC	
Ву:	121	
FOR SE	CRETARY OF STATE USE ONLY	i.

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.

6/7/11

Bertram A. Yaffe

Print or Type Name of Officer

President

Title of Officer