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 2012

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. 106542	*2. Name of Corporation* NEW ENGLAND SOLA CONCEPTS, INC.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
38 Lockhart Avenue, Unit 2	Warwick	RI	02886

4. Business Phone No.	*5. State of Incorporation*
401-736-2974	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
TO DEAL IN THE INSTALLATIONAND MAINTENANCE OF SOLAR HEATING AND LIGHTING DEVICES AND FIXTURES.

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

President Name	*Street Address*	*City*	*State*	*Zip*
Ty S. Ereio	38 Lockhart Avenue, Unit 2	Warwick	RI	02886

Vice President Name	*Street Address*	*City*	*State*	*Zip*
Susan Ereio	38 Lockhart Avenue, Unit 2	Warwick	RI	02886

Secretary Name	*Street Address*	*City*	*State*	*Zip*
Ty S. Ereio	38 Lockhart Avenue, Unit 2	Warwick	RI	02886

Treasurer Name	*Street Address*	*City*	*State*	*Zip*
Susan Ereio	38 Lockhart Avenue, Unit 2	Warwick	RI	02886

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

Director Name	*Street Address*	*City*	*State*	*Zip*

Director Name	*Street Address*	*City*	*State*	*Zip*

9. SHARES AUTHORIZED

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*
300	Common	No Par Value

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 JAN 12 2012

Check No. 1861

By:

FOR SECRETARY OF STATE USE ONLY
72021-46-686747

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* 1/11/12

Ty S. Ereio
Print or Type Name

President
Title