



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**2012**

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>17800</b>		2. Exact name of the Corporation <b>NORTHEASTERN CONTRACTING CORPORATION</b>			
3. Principal office address <b>20 Margin Street</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. Business Phone No. <b>401-348-8526</b>			5. State of Incorporation <b>State of Rhode Island and Providence Plantations</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Concrete foundation construction</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Harry James Golden</b>			Vice-President Name <b>Deborah Gene Bendfeldt</b>		
Street Address <b>20 Margin Street - P.O. Box 102</b>			Street Address <b>24 Oak Drive</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891 - 0102</b>	City <b>North Stonington</b>	State <b>Connecticut</b>	Zip <b>06359</b>
Secretary Name <b>Deborah Gene Bendfeldt</b>			Treasurer Name <b>Harry James Golden</b>		
Street Address <b>24 Oak Drive</b>			Street Address <b>20 Margin Street - P.O. Box 102</b>		
City <b>North Stonington</b>	State <b>Connecticut</b>	Zip <b>06359</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891 - 0102</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Harry James Golden</b>			Director Name <b>None</b>		
Street Address <b>20 Margin Street - P.O. Box 102</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891 - 0102</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10	Common	No Par

This report must be prepared 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 01 2012

Check No 17802  
 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.

[Signature] **02/27/2012**  
 Signature of Authorized Representative Date  
**Harry James Golden**  
 Print or Type Name of Authorized Representative