

2. Name of Corporation

NE Properties, Inc.

1. Corporate ID No.

3. Street Address Principal Business Office

400 Pontiac Avenue

115041

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

02910

401.222.3040

2014 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.

City Cranston

State

RI

4. Business Phone No. 401-785-1442		Rhode Island	State of Incorporation Rhode Island			
6. Brief Description of the Character To buy, sell , hold, develop			e real estate of every kind and	description.		
7. NAMES AND ADDRESSES	OF THE OFFICER	S: ("X" BOX FOR A	<i>TTACHMENT)</i> 🔲 FILL IN SP	ACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Robert Pesapane			NONE			
Street Address 400 Pontiac Avenue			Street Address			
Cranston	State RI	<i>‰</i> 02910	City	State	Zip	
Secretary Name Robert Pesapane			Treasurer Nume Robert Pesapane			
Street Address 400 Pontiac Avenue			Street Address 400 Pontiac Avenue			
City Cranston	State RI	<i>Zip</i> 02910	City Cranston	State RI	2/2 ≥ 10 ⊖ (5)	
8. NAMES AND ADDRESSES	OF THE DIRECTO	ORS: ("X" BOX FOR	ATTACHMENT) [FILL IN S	SPACES BEFORE USING	G ATTACHMENTS	
Director Name NONE			Director Name NONE	•		
Street Address			Street Address			
City	State	Zip	City	State	<i>Σφ</i> 1	
Director Name			Director Name			
NONE			NONE - M			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED (AUTHORIZED SHARES	 "X" BOX FOR ATI	TACHMENT)	10. SHARES ISSUED (ISSUED SHARES — THIS SECT	 "X" BOX FOR ATTACE TION <u>MUST</u> BE COMPLETED	HMENT)	
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
500 NO PAR VALUE			500	Common	No Par Value	
This report must be executed this report must be executed		rporation by the recei		- 1	<i>A</i>	
		FEB 27 20	Under penalty of per including any accom- contained herein are	npanying somedules and sta	that I have examined this report, its ments, and that all statements	
File Date		119-5182		in the and correct.	2-20-14	
Check No.		_ H·H·	Signature Robert Pes	apane	Date	
Ву:			Print or Type Name	/		
•		-	President			
FOR SECRETARY OF ST	ATE USE ONLY		Title			
			*****		Form 630 Rev. 12/06	