

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

FILING Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the limited liability company NEW ENGLAND DEVELOPMENT GROUP, LLC					
155302						
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	real estate and construction consulting and any other lawful business					
5. Principal office address P.O. Box 3043			City Westerly	State RI	Zip 02891	
6. MAILING ADDRESS OF,	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Robert Mastrofino		Contact Title				
Street Address P.O. Box 3043			City Westerly	State RI	Zip 02891	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACHI	NAMES AND ADD MENT) [RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Mabert A. Mastrofino Street Address 8 Calabria Court			Manager Name Street Address			
						Westerty
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN RH	IODE ISLAND					
This information is current	ly of record in the	Office of the Secr	etary of State. Changes require	filing Form 642.		

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Signature of Authorized Person

Robert Mastrofino

Print or Type Name of Authorized Person

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 berein are true and correct

Form No. 632 Revised: 01/2012