



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 56025		2. Exact name of the Corporation THE NORTHEAST BUFFINTON GROUP INC.			
3. Principal office address 75 TRIPPS LANE			City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. 401-434-1107			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island MANUFACTURING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LEO L. CESAREO			Vice-President Name JULIA C CESAREO		
Street Address 25 WOODRUFF ROAD			Street Address 25 WOODRUFF ROAD		
City WALPOLE	State MA	Zip 02081	City WALPOLE	State MA	Zip 02081
Secretary Name JULIA C CESAREO			Treasurer Name LEO L. CESAREO		
Street Address 25 WOODRUFF ROAD			Street Address 25 WOODRUFF ROAD		
City WALPOLE	State MA	Zip 02081	City WALPOLE	State MA	Zip 02081
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name LEO L. CESAREO			Director Name JULIA C. CESAREO		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
			3160	COMMON	NO PAR

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 CORPORATIONS DIV
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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.

File Date _____
 Check No _____
 By: _____

FILED
 MAR 31 2014
 6451

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.

Leo L. Cesareo 3-27-14
 Signature of Authorized Representative Date
LEO L. CESAREO

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative