



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

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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

FOR SECRETARY OF STATE USE ONLY

**LEO L. CESAREO**  
 Print or Type Name of Authorized Representative