

## 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

2014

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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 nar	2. Exact name of the limited liability company				
155302	NEW ENGLAND DEVELOPMENT GROUP, LLC					
3. State of Formation	4. 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			Westerly	State <b>RI</b>	<sup>Zio</sup> <b>02891</b>	
6. MAILING ADDRESS C	F LIMITED LIABILIT	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Bob Mastrofino			Contact Title			
Street Address P.O. Box 3043			Westerly	State	<sup>Zip</sup> . <b>0289</b> 1	
7. LIST ALL MANAGERS	S (NAMES AND ADD HMENT)	PRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Bob Mastrofino			Manager Name			
Street Address 8 Calabria Court			Street Address			
Westerly	State RI	02891	City	State	Zip	
-	State <b>RI</b>	<sup>7</sup> 02891	City  Manager Name	State	Zip	
Westerly  Manager Name  Street Address	State	<b>02891</b>	•	State	Zip	
Manager Name	State State	<b>702891</b> Zip	Manager Name	State	Zip Zip	
Manager Name Street Address	State		Manager Name Street Address			

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BY 404

File Date	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.		
Check No	10-30-2014		
By:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Robert A. Mastrofino		
· · · · · · · · · · · · · · · · · · ·	Print or Type Name of Authorized Parson		

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