



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 **2015**

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. 117294		2. Exact name of the Corporation Northeast Stonecrete, Inc.			
3. Principal office address 100 Widow Sweets Road			City Exeter	State RI	Zip 02822
4. Business Phone No. 401-295-9180		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own, operate and maintain a business as a masonry contractor, including stone work and decorative concrete work.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Brian Clarke			Vice-President Name Kelly Clarke		
Street Address 100 Widow Sweets Road			Street Address 100 Widow Sweets Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Kelly Clarke			Treasurer Name Brian Clarke		
Street Address 100 Widow Sweets Road			Street Address 100 Widow Sweets Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Brian Clarke			Director Name Kelly Clarke		
Street Address 100 Widow Sweets Road			Street Address 100 Widow Sweets Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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
			200	COMMON	NO PAR

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.

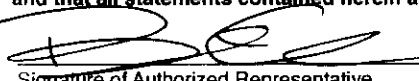
File Date: _____
 Check No: **5347**
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 20 2015

BY **0242680**

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.


 Signature of Authorized Representative
Brian Clarke, President
 Print or Type Name of Authorized Representative

2/2/15
 Date