



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 2016

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. 17639		2. Exact name of the Corporation Northeast Distributors, Inc.			
3. Principal office address 700 East Avenue			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-828-7145		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Sell, distribute building materials and products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kenneth Caito			Vice-President Name Anthony Lisi		
Street Address c/o 700 East Avenue			Street Address c/o 700 East Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kenneth Caito			Treasurer Name Anthony Lisi		
Street Address c/o 700 East Avenue			Street Address c/o 700 East Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kenneth Caito			Director Name Anthony Lisi		
Street Address c/o 700 East Avenue			Street Address c/o 700 East Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name NONE			Director Name NONE		
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
			50	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 _____
 By _____
FOR SECRETARY OF STATE USE ONLY

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] **Anthony Lisi, Vice President** **1/29/16**
 Signature of Authorized Representative Date
 Print or Type Name of Authorized Representative

FILED

FEB 10 2016

BY KL 11264