



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. 86785		2. Exact name of the Corporation Northeast Consulting Engineers, Inc.			
3. Principal office address 74 Holten Street			City Danvers	State MA	Zip 01923
4. Business Phone No. 9787778339		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island To engage in the Practice of and to Provide Engineering Services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John W. Mroszczyk			Vice-President Name None		
Street Address 7 Day Avenue			Street Address		
City Danvers	State MA	Zip 01923	City	State	Zip
Secretary Name John W Mroszczyk			Treasurer Name John W. Mroszczyk		
Street Address 7 Day Avenue			Street Address 7 Day Avenue		
City Danvers	State MA	Zip 01923	City Danvers	State MA	Zip 01923
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
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
			1,000	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.

FILED

John W. Mroszczyk 11/7/16
 Signature of Authorized Representative Date

MAR 16 2016

John W. Mroszczyk

Print or Type Name of Authorized Representative