



**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.<br><b>86785</b>   |                    | 2. Exact name of the Corporation<br><b>Northeast Consulting Engineers, Inc.</b> |  |                    |                     |
| 3. Principal office address<br><b>74 Holten Street</b>   |                    |   | City<br><b>Danvers</b>   | State<br><b>MA</b> | Zip<br><b>01923</b> |
| 4. Business Phone No.<br><b>9787778339</b>   |                    | 5. State of Incorporation<br><b>Massachusetts</b>                               |  |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>To engage in the Practice of and to Provide Engineering Services.</b>    |                    |   |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |   |  |                    |                     |
| President Name<br><b>John W. Mroszczyk</b>   |                    |   | Vice-President Name<br><b>None</b>   |                    |                     |
| Street Address<br><b>7 Day Avenue</b>  |                    |   | Street Address   |                    |                     |
| City<br><b>Danvers</b>   | State<br><b>MA</b> | Zip<br><b>01923</b>   | City   | State              | Zip                 |
| Secretary Name<br><b>John W Mroszczyk</b>  |                    |   | Treasurer Name<br><b>John W. Mroszczyk</b>                                 |                    |                     |
| Street Address<br><b>7 Day Avenue</b>  |                    |   | Street Address<br><b>7 Day Avenue</b>                                      |                    |                     |
| City<br><b>Danvers</b>   | State<br><b>MA</b> | Zip<br><b>01923</b>   | City<br><b>Danvers</b>   | State<br><b>MA</b> | Zip<br><b>01923</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |   |  |                    |                     |
| 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                 |
| <b>9. SHARES AUTHORIZED</b>  |                    |   | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |                     |
| 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**

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

**MAR 16 2016**

**John W. Mroszczyk**

Print or Type Name of Authorized Representative