



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. 124186		2. Exact name of the Corporation Northeast Horizons, Inc.			
3. Principal office address 223 DAHLIA DRIVE		City N. KINGSTOWN	State RI	Zip 02852	
4. Business Phone No. 401-884-1565		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island <i>Deal in real and personal property of every kind.</i>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <i>Edna M. Donoughe</i>			Vice-President Name <i>Edna M. Donoughe</i>		
Street Address <i>223 Dahlia Drive</i>			Street Address <i>223 Dahlia Drive</i>		
City <i>N. Kingstown</i>	State <i>RI</i>	Zip <i>02852</i>	City <i>N. Kingstown</i>	State <i>RI</i>	Zip <i>02852</i>
Secretary Name <i>Edna M. Donoughe</i>			Treasurer Name <i>Edna M. Donoughe</i>		
Street Address <i>223 Dahlia Drive</i>			Street Address <i>223 Dahlia Drive</i>		
City <i>N. Kingstown</i>	State <i>RI</i>	Zip <i>02852</i>	City <i>N. Kingstown</i>	State <i>RI</i>	Zip <i>02852</i>
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
			<i>100</i>	<i>Common</i>	<i>No PAR</i>

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

FILED
MAR 31 2016
 BY *KL 1031*

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.

Edna M. Donoughe *3/21/16*
 Signature of Authorized Representative Date
Edna M. Donoughe
 Print or Type Name of Authorized Representative