



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|---|--------------------|--|---|--------------------|--|
| 1. Entity ID Number 489788 | | 2. Exact name of the Corporation NOR'EAST SALES, INC | | | |
| 3. Principal Office Address 21 CARL DRIVE | | | City TIVERTON | State RI | Zip 02878 |
| 4. Business Phone Number 401-578-7520 | | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief description of the character of business conducted in Rhode Island SALES | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name STEPHEN N. ROSENSTEIN | | | Vice-President Name SUSAN C. ROSENSTEIN | | |
| Street Address 21 CARL DR | | | Street Address 21 CARL DR. | | |
| City TIVERTON | State RI | Zip 02878 | City TIVERTON | State RI | Zip 02878 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 0 | | \$0.01 |
| | | | | | |
| 11. 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. | | | | | |
| 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. | | | | | |
| Name of Authorized Representative STEPHEN N. ROSENSTEIN | | | | | Date 5/2/16 |
| Signature of Authorized Representative <i>[Signature]</i> | | | | | 11:33 AM |

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 SECRETARY OF STATE
 CORPORATIONS DIV

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