



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