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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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN -3 AM 11:21

Profit Corporation Annual Report for the year: 2016 AMENDED

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	2. Exact name of the Corporation
71342	NEW ENGLAND IN TOUCH, INC.

3. Principal Office Address	City	State	Zip
255 QUAKER LANE	WEST WARWICK	RI	02893

4. Business Phone Number	5. State of Incorporation
401-586-6095	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island

ACCEPTING, RECEIVING AND CONVEYING MESSAGES AND INFORMATION AND TO CONVEY SAID MESSAGE

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
SHERRI A. FERRETTI	SHERRI A. FERRETTI
Street Address: 255 QUAKER LANE	Street Address: 255 QUAKER LANE
City: WEST WARWICK State: RI Zip: 02893	City: WEST WARWICK State: RI Zip: 02893
Secretary Name: SHERRI A. FERRETTI	Treasurer Name:
Street Address: 255 QUAKER LANE	Street Address:
City: WEST WARWICK State: RI Zip: 02893	City: State: Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized

This information is currently of record in the Department of State. Changes require an additional filing.

10. Shares Issued — Check box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	COMMON	NO PAR VALUE

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	Date
SHERRI A. FERRETTI Sherri A. Ferretti	5/26/16

Signature of Authorized Representative
SIGN DOCUMENT HERE

FILED
JUN 03 2016
By 11:21

Form No. 630
Revised: 2016

State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

June 03, 2016 11:21 AM

Nellie M. Gorbea
Secretary of State

137665-1-1086263