RI SOS Filing Number: 201699922590 Date: 06/06/2016 4:00 PM

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

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN -6 PM 3:44

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	2. Exact name of the Corporation			
110097	NEFL INC.			
3. Principal Office Address		**City**	**State**	**Zip**
278 DOUGLAS AVE		PROVIDENCE	R.I.	02908
4. Business Phone Number		**5. State of Incorporation**		
274-3255 (401)		RI		

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

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

President Name			Vice-President Name		
ANTHONY LOMBARDI					
Street Address			**Street Address**		
45 GAGE ST.					
City	**State**	**Zip**	**City**	**State**	**Zip**
WARWICK	R.I.	02889			
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 ☐

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

9. Shares Authorized	10. Shares Issued Check box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	0		

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
Robert Lombardi	6/6/2016

Signature of Authorized Representative
Robert Lombardi SIGN DOCUMENT HERE

FILED
JUN 06 2016
By 2/6/16
A.A. 4:00 pm

Form No. 630
Revised: 2016
137759-2-1118925