



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

Profit Corporation Annual Report for the year: 2015

Filing period: January 1 - March 1

2016 JUN -6 PM 3:44

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>110097</u>		2. Exact name of the Corporation <u>NEFL INC.</u>			
3. Principal Office Address <u>278 DOUGLAS AVE.</u>		City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02908</u>	
4. Business Phone Number <u>274-3255 (401)</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>SEASONAL FROZEN DESSERT</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Anthony Lombardi</u>		Vice-President Name			
Street Address <u>45 GAGE ST.</u>		Street Address			
City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02889</u>	City	State	Zip
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 ☐
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<u>0</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. 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 <u>Robert Lombardi</u>				Date <u>6/6/2016</u>	
Signature of Authorized Representative <u>[Signature]</u> SIGN DOCUMENT HERE					

FILED

JUN 06 2016

By 276011
A.A. 3:59 p.m.