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 -6 PM 3:44

Profit Corporation Annual Report for the year: 2015

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

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
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: ROBERT LOMBARDI
Date: 6/6/2016
Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
STAMP
JUN 06 2016
By 2/16/2016
A.A 3:59 p.m.

Form No. 630
Revised: 2016