

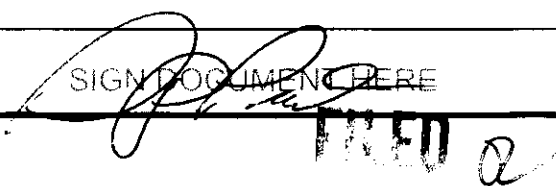


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 163669		2. Exact name of the Corporation Northeast Exteriors, Inc.			
3. Principal Office Address 59 Salem Avenue		City Cranston		State RI	Zip 02920
4. Business Phone Number 401-714-6546		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Installation and repair of exterior residential and commercial buidings					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas E. Pratt			Vice-President Name Colleen Pratt		
Street Address 59 Salem Avenue			Street Address 59 Salem Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Colleen Pratt			Treasurer Name Douglas E. Pratt		
Street Address 59 Salem Avenue			Street Address 59 Salem Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 500	CLASS/SERIES Common	PAR VALUE no par	
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 Douglas E. Pratt					Date June 20, 2016
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

AUG 10 2016

BY

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov