



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. ID No.** 000943928

**2. Exact Name of the Limited Liability Company** NEW ENGLAND FOUNDATION SOLUTIONS, LLC

**3. State of Formation**

State: MA

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

238900

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO SELL AND DISTRIBUTE EQUIPMENT AND SERVICES RELATED TO THE RAM JACK PATENTED SYSTEM OF FOUNDATION REPAIR, SUPPORT, PRODUCTS AND TRADEMARKS; AND TO ENGAGE IN COMPLEMENTARY MARKETING WITH PIONEER BASEMENT DEALERS USING GRATE PRODUCTS; AND ANY OTHER BUSINESS OR ACTIVITY THAT NOW OR HEREAFTER MAY BE NECESSARY, INCIDENTAL, PROPER, ADVISABLE OR CONVENIENT TO ACCOMPLISH THE FOREGOING PURPOSES AND THAT IS NOT FORBIDDEN BY THE LAW OF THE JURISDICTION IN WHICH THE COMPANY ENGAGES IN THAT BUSINESS.

**5. Principal Office Address**

No. and Street: 31 SANFORD ROAD

City or Town: WESTPORT

State: MA

Zip: 02790

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name:      Contact Title:

No. and Street: 31 SANFORD ROAD

City or Town: WESTPORT

State: MA

Zip: 02790

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	STEPHEN F ANDRAS	256 MAIN ROAD WESTPORT, MA 02790 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MICHAEL GLUCKSMAN 109 AIRPORT ROAD WARWICK , RI 02886

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 30 Day of November, 2016 at 1:39:28 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By STEPHEN F. ANDRAS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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