



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

Annual Report for the year: 2017

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 298688		2. Exact name of the Corporation North East Insurance Planning, Inc.			
3. Principal Office Address 7 Austin Avenue, Suite 3G			City Greenville	State RI	Zip 02828
4. NAICS Code 52 - Finance and Insurance <input type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island Insurance consulting and recruiting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Scott			Vice-President Name Richard Scott		
Street Address 7 Austin Avenue Ste 3			Street Address 7 Austin Ave Ste 3		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Richard Scott			Treasurer Name Richard Scott		
Street Address 7 Austin Ave Suite 3			Street Address 7 Austin Ave Suite 3		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000,000.00	STK	\$0.0100
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 RICHARD C. SCOTT					Date 2-1-2017
Signature of Authorized Representative <i>Richard C. Scott</i>					

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

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