



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 1666665		2. Exact name of the Corporation NEW ENGLAND PUBLIC ADJUSTERS, INC.			
3. Principal Office Address 50 OCEANVIEW DRIVE		City MIDDLETOWN		State RI	Zip 02842
4. NAICS Code <i>52 - Finance and Ins.</i>		6. Brief description of the character of business conducted in Rhode Island PUBLIC ADJUSTING AND RELATED SERVICES			
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 CHRISTOPHER SYNNOTT			Vice-President Name CHRISTOPHER SYNNOTT		
Street Address 50 OCEANVIEW DRIVE			Street Address 50 OCEANVIEW DRIVE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name CHRISTOPHER SYNNOTT			Treasurer Name CHRISTOPHER SYNNOTT		
Street Address 50 OCEANVIEW DRIVE			Street Address 50 OCEANVIEW DRIVE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHRISTOPHER SYNNOTT			Director Name		
Street Address 50 OCEANVIEW DRIVE			Street Address		
City MIDDLETOWN	State RI	Zip 02842	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
		100		COMMON	NO PAR VALUE
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 CHRISTOPHER SYNNOTT			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 1/24/17 FEB 13 2017 </div>		
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov

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