



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.

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|   |                 |   |   |                    |                          |
|---|-----------------|---|---|--------------------|--------------------------|
| 1. Entity ID Number<br><b>98868</b>   |                 | 2. Exact name of the Corporation<br><b>Northeast Motion, Inc.</b>   |   |                    |                          |
| 3. Principal Office Address<br><b>20 Thurber Blvd., Unit C</b>  |                 |   | City<br><b>Smithfield</b>   | State<br><b>RI</b> | Zip<br><b>02917</b>      |
| 4. NAICS Code<br><b>54 - Professional, Scientific, and</b>  |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>Manufacture, Design, Sale and Repair of Control Systems</b> |   |                    |                          |
| 5. State of Incorporation<br><b>RI</b>  |                 |   |   |                    |                          |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |   |   |                    |                          |
| President Name <b>David A. Martino</b>  |                 |   | Vice-President Name <b>George E. Osborne, Jr.</b>   |                    |                          |
| Street Address <b>20 Thurber Blvd., Unit C</b>  |                 |   | Street Address <b>3 Crestwood Drive</b>   |                    |                          |
| City <b>Smithfield</b>  | State <b>RI</b> | Zip <b>02917</b>  | City <b>Blackstone</b>  | State <b>MA</b>    | Zip <b>01504</b>         |
| Secretary Name <b>George E. Osborne, Jr.</b>  |                 |   | Treasurer Name <b>David A. Martino</b>  |                    |                          |
| Street Address <b>3 Crestwood Drive</b>   |                 |   | Street Address <b>20 Thurber Blvd., Unit C</b>  |                    |                          |
| City <b>Blackstone</b>  | State <b>MA</b> | Zip <b>01504</b>  | City <b>Smithfield</b>  | State <b>RI</b>    | Zip <b>02917</b>         |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |   |                    |                          |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                          |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                 |   | NUMBER OF SHARES  |                    |                          |
|   |                 |   | CLASS/SERIES  |                    |                          |
|   |                 |   | 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. |                 |   |   |                    |                          |
| <b>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.</b>                                       |                 |   |   |                    |                          |
| Name of Authorized Representative<br><b>David A. Martino, President</b>   |                 |   |   |                    | Date<br><b>2/27/2017</b> |
| Signature of Authorized Representative<br>  |                 |   |   |                    |                          |

**FILED**

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

**FEB 27 2017**

By **19359**