



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 117294		2. Exact name of the Corporation Northeast Stonecrete, Inc.			
3. Principal office address 100 Widow Sweets Road		City Exeter	State RI	Zip 02822	
4. Business Phone No. 401-295-9180		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own, operate and maintain a business as a masonry contractor, including stone work and decorative concrete work.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Brian Clarke		Vice-President Name Kelly Clarke			
Street Address 100 Widow Sweets Road		Street Address 100 Widow Sweets Road			
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Kelly Clarke		Treasurer Name Brian Clarke			
Street Address 100 Widow Sweets Road		Street Address 100 Widow Sweets Road			
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Brian Clarke		Director Name Kelly Clarke			
Street Address 100 Widow Sweets Road		Street Address 100 Widow Sweets Road			
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	COMMON	NO PAR	

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.



FILED

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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.

Signature of Authorized Representative

Brian Clarke, President

Print or Type Name of Authorized Representative

Date

2-15-17