



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 1668421 | | 2. Exact name of the Corporation NORTHEAST MECHANICAL SOLUTIONS, INC. | | | |
| 3. Principal Office Address 11 Commerce Road | | | City Shrewsbury | State MA | Zip 01545 |
| 4. NAICS Code 23 - Construction | | 6. Brief description of the character of business conducted in Rhode Island HVAC Sheetmetal | | | |
| 5. State of Incorporation Massachusetts | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Robert Colangelo | | | Vice-President Name Robert Colangelo | | |
| Street Address 71 Bay View Dr | | | Street Address 71 Bay View Dr | | |
| City Shrewsbury | State MA | Zip 01545 | City Shrewsbury | State MA | Zip 01545 |
| Secretary Name Robert Colangelo | | | Treasurer Name Robert Colangelo | | |
| Street Address 71 Bay View Dr | | | Street Address 71 Bay View Dr | | |
| City Shrewsbury | State MA | Zip 01545 | City Shrewsbury | State MA | Zip 01545 |
| 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 | | |
| | | | | | |
| | | | | | |
| 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 Robert Colangelo | | | | Date 3/11/17 | |
| Signature of Authorized Representative <i>Robert Colangelo</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

FILED**MAR 09 2017**

BY

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