



State of Rhode Island and Providence Plantations

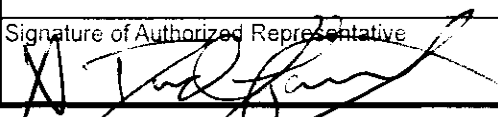
## Department of State - Business Services Division

Annual Report for the year: **2016**  
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 <b>000703201</b>		2. Exact name of the Corporation <b>NORTHEAST BUILDERS, INC.</b>					
3. Principal Office Address <b>664 REYNOLDS ROAD</b>		City <b>GLOCESTER</b>		State <b>RI</b>	Zip <b>02814</b>		
4. NAICS Code <b>23 - Construction</b>		6. Brief description of the character of business conducted in Rhode Island <b>ROOFING AND CONSTRUCTION</b>					
5. State of Incorporation <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 KRASNECKY</b>			Vice-President Name <b>SAME</b>				
Street Address <b>664 REYNOLDS ROAD</b>			Street Address				
City <b>GLOCESTER</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip		
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>N/A</b>			Director Name <b>N/A</b>				
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.  Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			<b>2000</b>	<b>COMMON</b>	<b>.01</b>		
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 <b>DAVID KRASNECKY</b>			Date <b>05/09/2017</b>	
Signature of Authorized Representative 			SIGN DOCUMENT HERE			<b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.govMAY 12 2017 10:34  
BY **303521** FORM 630 - Revised: 02/2017