



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.

STAMP

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 12 AM 9:27
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1. Entity ID Number 1795208		2. Exact name of the Corporation Northeast Specialties Inc.	
3. Principal Office Address 26 Shannon Way		City Dartmouth	State MA
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island Drywall Subcontractor.	
5. State of Incorporation MA.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name EDMUND STEPHENSON		Vice-President Name TONY MORIZ	
Street Address 26 SHANNON WAY		Street Address 14 KARENS WAY	
City Dartmouth	State MA	City Berkley	State MA
Zip 02747		Zip 02779	
Secretary Name Deborah Stephenson		Treasurer Name EDMUND STEPHENSON	
Street Address 26 SHANNON WAY		Street Address 26 SHANNON WAY	
City Dartmouth	State MA	City Dartmouth	State MA
Zip 02747		Zip 02747	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name EDMUND STEPHENSON		Director Name TONY MORIZ	
Street Address 26 SHANNON WAY		Street Address 14 KARENS WAY	
City Dartmouth	State MA	City Berkley	State MA
Zip 02747		Zip 02779	
Director Name Deborah Stephenson		Director Name	
Street Address 26 SHANNON WAY		Street Address	
City Dartmouth	State MA	City	State
Zip 02747		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		27500	
		COMMON	
		0	
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 EDMUND STEPHENSON		Date 4/19/17	
Signature of Authorized Representative <i>Edmund E. Stephenson</i>		SIGN DOCUMENT HERE	

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

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FORM 630 - Revised: 02/2017