



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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
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1. Entity ID Number <b>1795208</b>	2. Exact name of the Corporation <b>Northeast Specialties Inc.</b>		
3. Principal Office Address <b>26 Shannon Way</b>	City <b>Dartmouth</b>	State <b>MA</b>	Zip <b>02747</b>
4. NAICS Code <b>23</b>	6. Brief description of the character of business conducted in Rhode Island <b>Drywall Subcontractor.</b>		
5. State of Incorporation <b>MA.</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>EDMUND STEPHENSON</b>		Vice-President Name <b>TONY MORIZ</b>	
Street Address <b>26 SHANNON WAY</b>		Street Address <b>14 KARONS WAY</b>	
City <b>Dartmouth</b>	State <b>MA</b>	City <b>Berkley</b>	State <b>MA</b>
Zip <b>02747</b>		Zip <b>02779</b>	
Secretary Name <b>Deborah Stephenson</b>		Treasurer Name <b>EDMUND STEPHENSON</b>	
Street Address <b>26 SHANNON WAY</b>		Street Address <b>26 SHANNON WAY</b>	
City <b>Dartmouth</b>	State <b>MA</b>	City <b>Dartmouth</b>	State <b>MA</b>
Zip <b>02747</b>		Zip <b>02747</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 <b>EDMUND STEPHENSON</b>		Director Name <b>TONY MORIZ</b>	
Street Address <b>26 SHANNON WAY</b>		Street Address <b>14 KARONS WAY</b>	
City <b>Dartmouth</b>	State <b>MA</b>	City <b>Berkley</b>	State <b>MA</b>
Zip <b>02747</b>		Zip <b>02779</b>	
Director Name <b>Deborah Stephenson</b>		Director Name	
Street Address <b>26 SHANNON WAY</b>		Street Address	
City <b>Dartmouth</b>	State <b>MA</b>	City	State
Zip <b>02747</b>		Zip	

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>27500</b>	<b>COMMON</b>	<b>0</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.

**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 <b>EDMUND STEPHENSON</b>	Date <b>4/19/17</b>
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

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BY 305727

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FORM 630 - Revised: 02/2017