



Annual Report for the year: 2015
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 JUN 12 AM 9:27

1. Entity ID Number 795208		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 Moniz	
Street Address 26 Shannon Way		Street Address 14 KARONS 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 Moniz	
Street Address 26 Shannon Way		Street Address 14 KARONS 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 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
		27500	COMMON
		PAR VALUE	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
JUN 12 2017
 BY 1305727
 9:28