



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

2017

→ 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 160 763		2. Exact name of the Corporation NELCO CONSULTING INC.												
3. Principal Office Address 1390 MENDON RD			City CUMBERLAND	State RI	Zip 02864									
4. NAICS Code 7286		6. Brief description of the character of business conducted in Rhode Island CONSULTING INCORPORATING												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name NORMAN E. LECOIRS			Vice-President Name SANDRA B LECOIRS											
Street Address 1390 MENDON RD			Street Address SAME											
City CUMBERLAND	State RI	Zip 02864	City	State	Zip									
Secretary Name			Treasurer Name NORMAN E LECOIRS											
Street Address			Street Address SAME											
City	State	Zip	City	State	Zip									
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 1000		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td>COMMON</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE	COMMON	0			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
NONE	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				Date 8-5-17										
Signature of Authorized Representative <i>Norman E. Lecoirs</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**AUG 07 2017**

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