



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 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 17639		2. Exact name of the Corporation Northeast Distributors, Inc.			
3. Principal Office Address 700 East Avenue			City Warwick	State RI	Zip 02886
4. NAICS Code 42 - Wholesale Trade	6. Brief description of the character of business conducted in Rhode Island Sell, distribute building materials and products				
5. State of Incorporation RI	423990				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Kenneth Caito			Vice-President Name Anthony Lisi		
Street Address c/o 700 East Avenue			Street Address c/o 700 East Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kenneth Caito			Treasurer Name Anthony Lisi		
Street Address c/o 700 East Avenue			Street Address c/o 700 East Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth Caito			Director Name Anthony Lisi		
Street Address c/o 700 East Avenue			Street Address c/o 700 East Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			50		Common
					PAR VALUE
					No Par
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. <i>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.</i>					
Name of Authorized Representative Anthony Lisi					Date x 9.11.17
Signature of Authorized Representative 					

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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SEP 15 2017

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