RI SOS Filing Number: 201855760060 Date: 1/5/2018 4:00:00 PM

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

FILED
JAN 05 2018
BY 415 CA

Annual Report for the year: 2018
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	2. Exact name of the Corporation		
000160763	NELCO CONSULTING INC		
3. Principal Office Address	City	State	Zip
1390 MENDON RD	CUMBERLAND	RI	02864
4. NAICS Code: 541330	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 ☐

President Name	Vice-President Name
NORMAN E LECOURS	SANDRA B LECOURS
Street Address: 1390 MENDON RD	Street Address: SAME
City: CUMBERLAND, State: RI, Zip: 02864	City, State, Zip
Secretary Name	Treasurer Name: NORMAN E LECOURS
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 ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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: 1-2-18

Signature of Authorized Representative: N. E. Lecours

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017