

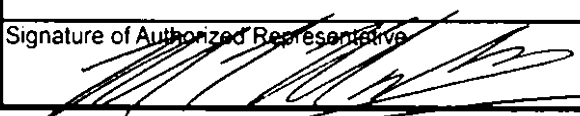


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

- 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 000047688		2. Exact name of the Corporation NEW ENGLAND PROFESSIONAL PLANNING GROUP, INC.			
3. Principal Office Address 9 Granite Street			City Westerly	State RI	Zip 02891
4. NAICS Code 523930		6. Brief description of the character of business conducted in Rhode Island FINANCIAL PLANNING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Malcolm A. Makin			Vice-President Name None		
Street Address 9 Granite Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Malcolm A. Makin			Treasurer Name Malcolm A. Makin		
Street Address 9 Granite Street			Street Address 9 Granite Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Malcolm A. Makin			Director Name None		
Street Address 9 Granite Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
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		
			PAR VALUE		
			None		
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 Malcolm A. Makin					Date 1-8-2018
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

JAN 18 2018

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