



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 001656946		2. Exact name of the Corporation NEW ENGLAND MODULAR CONSTRUCTION, INC.			
3. Principal Office Address 43 CRANBERRY RIDGE ROAD		City GLOCESTER		State RI	Zip 02857
4. NAICS Code 236200		6. Brief description of the character of business conducted in Rhode Island Modular Construction			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DAVID M. BAGGESEN			Vice-President Name		
Street Address 43 CRANBERRY RIDGE ROAD			Street Address		
City GLOCESTER	State RI	Zip 02857	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name DAVID M. BAGGESEN			Director Name		
Street Address 43 CRANBERRY RIDGE ROAD			Street Address		
City GLOCESTER	State RI	Zip 02857	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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	
0		COMMON		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.					
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 DAVID M. BAGGESEN					Date 1/25/18
Signature of Authorized Representative 					
SIGN DOCUMENT HERE FILED					

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

JAN 29 2018

BY: **3696 DS**

FORM 630 - Revised: 10/2017