


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

FILED

FFB 01 2018

BY

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1. Corporate ID No. 142320		2. Name of Corporation N.E. Private Client Advisors, Ltd.			
3. Street Address Principal Business Office 790 North Main Street			City Providence	State RI	Zip 02904
4. NAICS Code 523930		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide financial and consulting services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sergio A. DeCurtis			Vice President Name		
Street Address 790 North Main Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Sergio A. DeCurtis			Treasurer Name Sergio A. DeCurtis		
Street Address 790 North Main Street			Street Address 790 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES THIS SECTION MUST BE COMPLETED					
Number of Shares		Class Series		Par Value	
100 shares common stock of \$.01 par value					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

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.~~

Signature

Date

1/5/18

Sergio A. DeCurtis

Print or Type Name

President

Title

MAIL TO:

 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov