



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

FILED

FEB 01 2018

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

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"/> | | |
| 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. | | | ISSUED SHARES THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares | Class Series | Par Value |
| | | | 100 shares common stock of \$.01 par value | | |

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