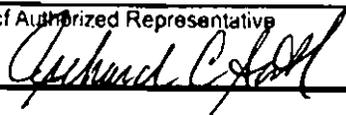




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 298688		2. Exact name of the Corporation NORTH EAST INSURANCE PLANNING, INC.			
3. Principal Office Address 712 PUTNAM PIKE #7			City CHEPACHET	State Ri	Zip 02814
4. NAICS Code 52 4210		6. Brief description of the character of business conducted in Rhode Island INSURANCE CONSULTING AND RECRUITING			
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 RICHARD C. SCOTT			Vice-President Name RICHARD C. SCOTT		
Street Address 712 PUTNAM PIKE #7			Street Address SAME		
City CHEPACHET	State Ri	Zip 02814	City	State	Zip
Secretary Name RICHARD C. SCOTT			Treasurer Name RICHARD C. SCOTT		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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		
1,000,000.00		STK	\$0.0100		
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. <i>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.</i>					
Name of Authorized Representative RICHARD C. SCOTT, PRESIDENT				Date 3-1-2018	
Signature of Authorized Representative 					

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

FILED

MAR 12 2018

FORM 630 - Revised: 10/2017

BY 1195
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