RI SOS Filing Number: 201883241580 Date: 12/26/2018 4:00:00 PM

State of Rhode Island and Department of State	ision FILED						
Annual Report for the year: 2019					DEC 2	6 2018	
Corporation			10	U25			
→ Filing period: January 1 - M → Filing Fee: \$50.00	BY						
→ Penalty Additional \$25.00 fee if form is not filed by April 1.							
1. Entity ID Number	2. Exact name of the Corporation						
000076301	NEMA Enterprises, Inc.						
Principal Office Address			City State		Zıp		
5 Spuchy Drive			Westerly		RI	02891	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island					•	
551110	Contracting and Developing of Real Estate						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Erin B. Celico Vice-President Name Erin B. Celico							
Street Address							
5 Spuchy Drive			Street Address 5 Spuchy Drive				
City Westerly	State RI	^{Zip} 02891	^{City} Westerly		State RI	Žip 02891	
Secretary Name Erin B. Celico			Treasurer Name Erin B. Celico				
Street Address 5 Spuchy Drive			Street Address 5 Spuchy Drive				
City Westerly	State RI	^{Zıp} 02891	City Westerly		State RI	^{Zıp} 02891	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
Director Name		Director Name					
Street Address	Street Address						
City	State	Z _I p	City		State	7 _{(p}	
	Ciarc	, ib	~ ",) late	(°)	
9 Shares Authorized	10 Shares Issued			Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SH	NUMBER OF SHARES CLASSISEE 100 CNP				
		100		CNP		0	
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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 Date							
Erin B. Celico					12/23/2018		
Signature of Authorized Representative							
Cru D Calus							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov