RI SOS Filing Number: 201984092270 Date: 1/9/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

IAN 0 9 2019

Annual Report for the year:

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_	2077
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1. Entity ID Number	12 Eyact nam	e of the Corporatio	<u> </u>		_			
000104260	New Enland Economic Development Services, Inc.							
	Trow Ellie					1-2:		
3. Principal Office Address			City Cumberland	_4	State	Zip		
1300 Highland Corporate Drive, Suite 202					RI	02864		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
541611	To provide information, advice, and consulting services to the public, government, and private							
5. State of Incorporation	not-for-profit agencies and organizations.							
Rhode Island	1							
7. List ALL officers (names and	addresses)			Check	the box to in	ndicate an attachment		
President Name Scott A. Glbbs	Vice-President Name							
Street Address 1300 Highland C	Street Address							
City.Cumberland	State RI	^{Zip} 02864	City		State	Zip		
Secretary Name Michelle M. Goo	Treasurer Name Gregory G. Scown							
Street Address 1300 Highland C	Street Address 500 Mendon Road, Unit 108							
City Cumberland	State RI	^{Zip} 02864	City Cumberland		State RI	^{Zip} 02864		
8. List ALL directors (names and	d addresses)				the box to it	ndicate an attachment [
Director Name Robert E. Nault	Director Name Larry D. Riggs							
Street Address 19 Winchester A	Street Address 8 Blackstone Valley Place							
City North Smithfield	State RI	Zip 02896	City Lincoln		State RI	Zip 02865		
Director Name Gregory G. Scov	Director Name Charles S. Sokoloff							
Street Address 500 Mendon Roa	Street Address PO Box 179							
City Cumberland	State RI	Zip 02864	City Woonse	ocket	State RI	Zip 02895		
9. Shares Authorized 10. Share								
This information is currently of record in the Department of State.			NUMBER OF SHARES		ASS/SERIES PAR VALUE 100 \$1.00			
Department of otals.		1,000	1,000		Common			
Changes require an additional fili	ing.				= (
11. This report must be execute					oration is in t	he hands of a receiver o		
trustee, this report must be executive penalty of perjury, I de-					noanving se	chedules and		
statements, and that all state	ments contained		•					
Name of Authorized Representative						Date		
Scott A. Gibbs					December 17, 2018			
Signature of Authorized Repres	entative	SIGN DO	OUMENT HERE		-			

MAIL TO:

Division of Business Services

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

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