



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 38436		2. Exact name of the Corporation NORTHUMBRIA CORPORATION, Inc.								
3. Principal office address 1495 NEWPORT AVE.			City PAWTUCKET	State R.I.	Zip 02861					
4. Business Phone No. (401) 723-5960		5. State of Incorporation R.I.								
6. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND HOLDING VEHICLES 332510										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Ralph R. Ryan			Vice-President Name Ralph R. Ryan							
Street Address 1495 Newport Ave.			Street Address 1495 Newport Ave.							
City Pawtucket	State R.I.	Zip 02861	City Pawtucket	State R.I.	Zip 02861					
Secretary Name Ralph R. Ryan			Treasurer Name Ralph R. Ryan							
Street Address 1495 Newport Ave.			Street Address 1495 Newport Ave.							
City Pawtucket	State R.I.	Zip 02861	City Pawtucket	State R.I.	Zip 02861					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Ralph R. Ryan			Director Name							
Street Address 1495 Newport Ave.			Street Address							
City Pawtucket	State R.I.	Zip 02861	City	State	Zip					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
9. SHARES AUTHORIZED			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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						50	Common	No Par		

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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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] 1.9.19
 Signature of Authorized Representative Date

Ralph R. Ryan, Pres.

Print or Type Name of Authorized Representative