



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

STAMP

Annual Report for the year: 2019
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 000047688		2. Exact name of the Corporation NEW ENGLAND PROFESSIONAL PLANNING GROUP, INC.			
3. Principal Office Address 9 Granite Street		City Westerly		State RI	Zip 02891
4. NAICS Code 523930		6. Brief description of the character of business conducted in Rhode Island FINANCIAL PLANNING			
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 Malcolm A. Makin			Vice-President Name None		
Street Address 9 Granite Street			Street Address		
City Westerly		State RI	Zip 02891	City	
Secretary Name Malcolm A. Makin			Treasurer Name Malcolm A. Makin		
Street Address 9 Granite Street			Street Address 9 Granite Street		
City Westerly		State RI	Zip 02891	City Westerly	
State RI		Zip 02891		State RI	
Zip 02891		Zip 02891		Zip 02891	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Malcolm A. Makin			Director Name None		
Street Address 9 Granite Street			Street Address		
City Westerly		State RI	Zip 02891	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		Zip		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/SERIFS	PAR VALUE
			100	Common	None
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 Malcolm A. Makin				Date 1/30/19	
Signature of Authorized Representative					

FILED

FEB 07 2019
QD 3A118