



Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

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.

 AUG 19 2019
 BY 25820428721 DS

1. Fatty ID Number 124186		2. Exact name of the Corporation Northeast Horizons, Inc.			
3. Principal Office Address 28 Highpoint Drive			City East Greenwich	State RJ	Zip 02818
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island Deal in real and personal property of every kind			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Edna M. Donoughe			Vice-President Name Edna M. Donoughe		
Street Address 488 Seymore Road			Street Address 488 Seymore road		
City Gallitzin	State PA	Zip 16641	City Gallitzin	State PA	Zip 16641
Treasurer Name Edna M. Donoughe			Treasurer Name Edna M. Donoughe		
Street Address 488 Seymore Road			Street Address 488 Seymore Road		
City Gallitzin	State PA	Zip 16641	City Gallitzin	State PA	Zip 16641
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			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 This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐			
Changes require an additional filing		NUMBER OF SHARES		PAR VALUE	
		1,000		CNP	
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 Edna M. Donoughe				Date 8/4/19	
Signature of Authorized Representative <i>Edna M. Donoughe</i>					