State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED
AUG 19 2019
BY 258264287 21 DS

1. Entity ID Number	2. Exact name of the Corporation
124186	Northeast Horizons, Inc.

3. Principal Office Address	City	State	Zip
28 Highpoint Drive	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53110	Deal in real and personal property of every kind
5. State of Incorporation: Rhode Island	

List all officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Edna M. Donoughe	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
Secretary 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

List all directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Name	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	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 SHARES	CLASS/SERIES	PAR VALUE
	1,000	CNP	no par

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
Edna M. Donoughe	8/4/19

Signature of Authorized Representative: Edna M Donoughe — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017