



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.

2019 DEC 19 PM 1:00

1. Entity ID Number 11663560		2. Exact name of the Corporation New England Lead Burning Company, Inc										
3. Principal Office Address 2 Burlington Woods Drive Suite 300		City Burlington,	State MA									
4. NAICS Code 236000		6. Brief description of the character of business conducted in Rhode Island Installer of radiation shielding technologies.										
5. State of Incorporation MA												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Rick LeBlanc		Vice-President Name Gary Miller										
Street Address 2 Burlington Woods Drive Suite 300		Street Address 2 Burlington Woods Drive Suite 300										
City Burlington	State MA	City Burlington	State MA									
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>275,000</td> <td>CNP</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	275,000	CNP	\$0.00			
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275,000	CNP	\$0.00										
Changes require an additional filing.												
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 N. CHALHARON		Date 10/18/19										
Signature of Authorized Representative 		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

FILED

DEC 19 2019

BY CHALHARON

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