



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

STAMP

1. Entity ID Number <u>11663560</u>		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
Zip 01803			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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	Zip 01803	City Burlington
State MA	Zip 01803	City Burlington	State MA
Zip 01803	City Burlington		
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City		
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City		
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		NUMBER OF SHARES 275,000	CLASS/SERIES CNP
Changes require an additional filing.		PAR VALUE \$0.00	
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 <u>N. CHALHARON</u>			Date 10/18/19
Signature of Authorized Representative <u>[Signature]</u>			
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](http://www.sos.ri.gov)

R1200 - 10/16/2013 Voters Kluwer Online

FILED

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BY CHALHARON

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FORM 630 - Revised: 10/2017