



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

Corporation

→ Filing period: January 1 - March 1

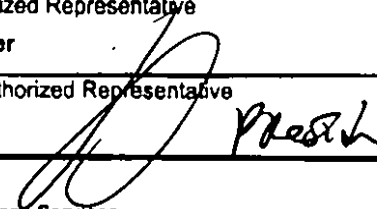
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 03 2020

5434

1. Entity ID Number 45260		2. Exact name of the Corporation NED STEVENS INC.												
3. Principal Office Address 245 Waterman Street - Suite 401			City Providence	State RI	Zip 02906									
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To own, manage and lease real estate and personal property.												
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 H. Jeffrey Baker			Vice-President Name None											
Street Address 245 Waterman Street - Suite 401			Street Address											
City Providence	State RI	Zip 02906	City	State	Zip									
Secretary Name Norman Jay Bolotow			Treasurer Name H. Jeffrey Baker											
Street Address 245 Waterman Street, Suite 401			Street Address 245 Waterman Street - Suite 401											
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	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 H. Jeffrey Baker				Date 1/14/2020										
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