

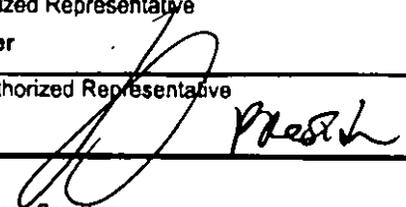


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 *02*
 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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		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