

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
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2020 FEB 25 P 1:39

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.

1. Entity ID Number 489255		2. Exact name of the Corporation Northeast Associates, Inc.												
3. Principal Office Address 100 Thrush Road			City Warwick	State RI	Zip 02886									
4. NAICS Code 811219		6. Brief description of the character of business conducted in Rhode Island Dental equipment repair												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Robert N. Sevigny, Jr.			Vice-President Name Robert D. Cambio											
Street Address 21 Count Fleet Avenue			Street Address 100 Thrush Road											
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886									
Secretary Name None			Treasurer Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Robert N. Sevigny, Jr.			Director Name Robert D. Cambio											
Street Address 21 Count Fleet Avenue			Street Address 100 Thrush Road											
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</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	300	Common	No Par			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
300	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 Robert D. Cambio					Date 2/20/20									
Signature of Authorized Representative 														

FEB 24 2020

