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2020 FEB 25 P 1:39

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.

1. Entity ID Number	2. Exact name of the Corporation
489255	Northeast Associates, Inc.

3. Principal Office Address	City	State	Zip
100 Thrush Road	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811219	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	Street Address	City	State	Zip
Robert N. Sevigny, Jr.	21 Count Fleet Avenue	Warwick	RI	02889

Vice-President Name	Street Address	City	State	Zip
Robert D. Cambio	100 Thrush Road	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
None				

Treasurer Name	Street Address	City	State	Zip
None				

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Robert N. Sevigny, Jr.	21 Count Fleet Avenue	Warwick	RI	02889

Director Name	Street Address	City	State	Zip
Robert D. Cambio	100 Thrush Road	Warwick	RI	02886

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 ☐

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	Date
Robert D. Cambio	2/20/20

Signature of Authorized Representative: [signature]

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY 1142

FORM 630 - Revised: 10/2017