

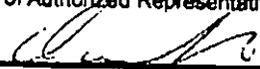
State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAY -4 P 2:21

1. Entity ID Number 000157405		2. Exact name of the Corporation Northeast Services, Inc.			
3. Principal Office Address P.O. Box 1289			City Woonsocket	State RI	Zip 02895
4. NAICS Code 237990		6. Brief description of the character of business conducted in Rhode Island To Provide Construction and Demolition Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Duplessis			Vice-President Name		
Street Address P.O. Box 1289			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name David Duplessis			Treasurer Name David Duplessis		
Street Address P.O. Box 1289			Street Address P.O. Box 1289		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Duplessis			Director Name		
Street Address P.O. Box 1289			Street Address		
City Woonsocket	State RI	Zip 02895	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"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		10,000	100	0.0100	
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 David Duplessis				Date 4-30-21	
Signature of Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2616
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 FORM 630 - Revised: 08/2020