

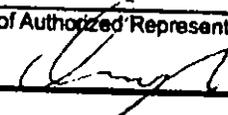
State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: **2019**
 Corporation

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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAY -11 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		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	
		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 5-3-21	
Signature of Authorized Representative 		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

MAY 04 2021
 R.I. SOS
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