RI SOS Filing Number: 202199555420 Date: 7/27/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

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BUS SVCS DIV
2021 JUL 27 P 12:04

1. Entity ID Number	2. Exact name of the Corporation
000517872	NORTH EAST NIGHTMARE INC
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: competitive fast Pitch SOFTBall Instruction for Girls
4. NAICS Code: 624410	

6. Principal Office Address	City	State	Zip
1765 Bicentennial Way Unit C	NO. PROV.	RI	02911

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

President Name: Edward A Lincoln			Vice-President Name		
Street Address: 1765 Bicentennial Way Unit C			Street Address		
City: NO. PROV.	State: RI	Zip: 02911	City	State	Zip
Secretary Name: Eric Williams			Treasurer Name		
Street Address: 78 DIANA DR.			Street Address		
City: Woonsocket	State: RI	Zip: 02904	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Hope E. Lincoln			Director Name: Eric Williams		
Street Address: 1765 Bicentennial Way Unit C			Street Address: 78 DIANA DR.		
City: NO. PROV.	State: RI	Zip: 02911	City: Woonsocket	State: RI	Zip: 02904
Director Name: MANNY MOITOSO			Director Name		
Street Address: 4 Pearson DR.			Street Address		
City: WARWICK	State: RI	Zip: 02888	City	State	Zip

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative: Edward A Lincoln — Date: 7-27-2021

Signature of Officer/Authorized Representative

FILED
JUL 27 2021
BY YKBMA

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

FORM 631 - Revised: 08/2020