



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2014
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 AUG 17 A 11:00

1. Entity ID Number 000147384		2. Exact name of the Corporation New England Real Estate Marketing Services, Inc			
3. Principal Office Address 4 Evans Street		City Cumberland		State RI	Zip 02864
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island Real Estate Marketing Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael V Milano			Vice-President Name Michael V Milano		
Street Address 4 Evans Street			Street Address 4 Evans Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Michael V Milano			Treasurer Name Michael V Milano		
Street Address 4 Evans Street			Street Address 4 Evans Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
		100		Common	1.00
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 Michael V Milano, President & Treasurer				Date 08/10/2021	
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.n.gov

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 FORM 630 - Revised: 08/2020