



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 <b>000147384</b>		2. Exact name of the Corporation <b>New England Real Estate Marketing Services, Inc</b>			
3. Principal Office Address <b>4 Evans Street</b>		City <b>Cumberland</b>		State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>531210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Marketing Services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael V Milano</b>			Vice-President Name <b>Michael V Milano</b>		
Street Address <b>4 Evans Street</b>			Street Address <b>4 Evans Street</b>		
City <b>Cumberland</b>		State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	
State <b>RI</b>		Zip <b>02864</b>	State <b>RI</b>		Zip <b>02864</b>
Secretary Name <b>Michael V Milano</b>			Treasurer Name <b>Michael V Milano</b>		
Street Address <b>4 Evans Street</b>			Street Address <b>4 Evans Street</b>		
City <b>Cumberland</b>		State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	
State <b>RI</b>		Zip <b>02864</b>	State <b>RI</b>		Zip <b>02864</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
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. <b>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.</b>					
Name of Authorized Representative <b>Michael V Milano, President &amp; Treasurer</b>				Date <b>08/10/2021</b>	
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

'AUG 17 2021  
BY **FILED**  
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FORM 630 - Revised: 08/2020