RI SOS Filing Number: 202222480440 Date: 8/26/2022 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

FILED						
AUG 2 6 2022						

→ Filing period: Februar → Filing Fee: \$50.00 → Penalty: Additional \$2		not filed by May 3	1. 	B Y.		3675	
1. Entity ID Number 142320		Exact name of the Corporation N.E. Private Client Advisors, Ltd.					
3. Principal Office Address 799 North Main Street			City Providence		State RI	Zip 02904	
4. NAICS Code 523930		Brief description of the character of business conducted in Rhode Island To provide financial and consulting services					
5. State of Incorporation Rhode Island							
7. List ALL officers (names a	nd addresses)			Check t	he box to ind	icate an attachment 🗌	
President Name Sergio A. DeCurtis			Vice-President Nam	Vice-President Name			
Street Address 790 North Main Street			Street Address	Street Address			
City Providence	State Ri	Zip 02904	CRy		State	Zip	
Secretary Name Sergio A. DeCurtis			Treasurer Name Sergio A. DeCurtis	Treasurer Name Sergio A. DeCurtis			
Street Address 799 North Main Street			Street Address 790 North Main Str	Street Address 799 North Main Street			
City Providence	State Ri	Zip 02904	City Providence		State Ri	Zip 02904	
8. List ALL directors (names	and addresses)			Check th	ne box to indi	cate an attachment 🗌	
Director Name			Director Name	Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name	Name			Director Name			
Street Address	Street Address	Street Address					
City	State	Žip	City		State	Zip	
9. Shares Authorized 10. Shares is:			sued	ued Check the box to indicate an attachment			
This information is currently of record in the NUMBER OF				CLASS/GER/ES		PARVALUE	
Department of State. Changes require an additional filing.		100 shares	100 shares common stock of \$.01 par value				
 This report must be executoristee, this report must be ex 					tion is in the	hands of a receiver or	
Under penalty of perjury, I d statements, and that all stat				ing any accomp	enying sche	dules and	
Name of Authorized Represen	itative	70%	cilw		Date S.	22.202	
Signature of Authorized Repre	sentative						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2815

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 630 - Revised: 11/2021