

State of Rhode Island

Department of State - Business Services Division

AUG 26 2022

Annual	Report	for the	year:_	<u> 2022 </u>
Согрога	ation			

Filing period: February 1 - May 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 142320		Exact name of the Corporation N.E. Private Client Advisors, Ltd.						
3. Principal Office Address 790 North Main Street			City Providence	State RI	Zip 02904			
4 NAICS Code 523930		scription of the cha financial and so		er of business conducted in Rhode Island iting services				
5. State of Incorporation Rhode Island								
7. List ALL officers (names ar	nd addresses)			Check the box to indi	cate an attachment 🔲			
President Name Sergio A. DeCurtis			Vice-President Name					
Street Address 790 North Main Street			Street Address					
City Providence	State Ri	Zip 02904	City	State	Ζίρ			
Secretary Name Sergio A. DeCurtis			Treasurer Name Sergio A. DeCurtis					
Street Address 799 North Main Street			Street Address 790 North Main Street					
City Providence	State Ri	Zip 02904	City Providence	State RI	Zip 02904			
8. List ALL directors (names a	ind addresses)	<u> </u>		Check the box to indic	ate an attachment 🗌			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Žip	City	State	Zip			
9. Shares Authorized		10. Shares I	10. Shares issued Check the box to indicate an attachment					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASSIGERIES PAR VALUE						
		100 shares common stock of \$.01 par value						
1. This report must be execut rustee, this report must be exe	ted on behalf of the	e corporation by ar if the corporation b	authorized representative. If the third receiver or trustee.	ne corporation is in the h	nands of a receiver or			
Under penalty of perjury, I destatements, and that all state	eclare and affirm ements contained	that I have exami I herein are true a	ned this report, including any and correct.	y accompanying sched	iules and			
Name of Authorized Representative			cilm	Date 8. 6	25025			
Signature of Authorized Repres	sentative		<u> </u>					
AIL TO:			5					

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