



Department of State - Business Services Division

Annual Report for the year: 2023

STAMP

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED FOR SECRETARY OF STATE
 DEPT. OF STATE
 2023 FEB 14 11:02 AM

1. Entity ID Number 001716870		2. Exact name of the Corporation The New England Line Network, Inc.		2023 FEB 14 A 11:02	
3. Principal Office Address 63 Beverage Hill Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island INSTALLING, MAINTAINING, AND/OR REPAIRING LINES AND MACHINERY TO TELECOMMUNICATION RELATED MATTERS.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert DeStefano			Vice-President Name Christopher Cheney		
Street Address 63 Beverage Hill Avenue			Street Address 63 Beverage Hill Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Christopher Cheney			Treasurer Name Robert DeStefano		
Street Address 63 Beverage Hill Avenue			Street Address 63 Beverage Hill Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert DeStefano			Director Name Christopher Cheney		
Street Address 63 Beverage Hill Avenue			Street Address 63 Beverage Hill Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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		
			160 Common Shares with 0.01 Par Value		
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.					
<i>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.</i>					
Name of Authorized Representative Robert DeStefano				Date 2/1/23	
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.ri.gov

FEB 14 2023
 BY ML HD89P