

State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

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

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1. Entity ID Number <b>001659434</b>		2. Exact name of the Corporation <b>NORTHEAST PROPERTY GROUP, INC.</b>	
3. Principal Office Address <b>150 EUGENE O'NEILL DRIVE</b>		City <b>NEW LONDON</b>	State <b>CT</b>
4. NAICS Code <b>531310</b>		6. Brief description of the character of business conducted in Rhode Island <b>real estate sales + contracting</b>	
5. State of Incorporation <b>CT</b>		MANAGEMENT	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>			
President Name <b>GEORGE C. MYERS</b>		Vice-President Name <b>Eric S. Myers</b>	
Street Address <b>43 ROCK RIDGE ROAD</b>		Street Address <b>40 Trolley King</b>	
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Pawcatuck</b>
Secretary Name <b>Christopher G. Myers</b>		Treasurer Name	
Street Address <b>1027 Pequot Trail</b>		Street Address	
City <b>Stonington</b>	State <b>CT</b>	Zip <b>06378</b>	City <b>CT</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>	
Changes require an additional filing.		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>0-01</b>
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 <b>George C. Myers</b>		Date <b>6/28/2022</b>	
Signature of Authorized Representative <b>GEORGE C. MYERS</b>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY **PE49F**