

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 forms not filed by May 31

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 FEB 24 PM 2:08

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2022 OCT 24 PM 1:31

1. Entry ID Number 001659434		2. Exact name of the Corporation NORTHEAST PROPERTY GROUP, INC.			
3. Principal Office Address 150 EUGENE O'NEILL DRIVE			City NEW LONDON		State CT
4. NAICS Code 531310		6. Brief description of the character of business conducted in Rhode Island <i>real estate sales + contracting</i>			
5. State of Incorporation CT		MANAGEMENT			
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name GEORGE C. MYERS			Vice-President Name <i>Eric S. Myers</i>		
Street Address 43 ROCK RIDGE ROAD			Street Address <i>40 Trolley King</i>		
City WESTERLY	State RI	Zip 02891	City <i>Pawcatuck</i>	State CT	Zip <i>06379</i>
Secretary Name <i>Christopher G. Myers</i>			Treasurer Name		
Street Address <i>1027 Pequot Trail</i>			Street Address		
City <i>Stonington</i>	State CT	Zip <i>06378</i>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate 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	Zip	City	State	Zip
9. Shares Authorized		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		CLASS/SERIES	
		100		PAR VALUE	
				0.01	
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 <i>[Signature]</i>				Date <i>6/28/2022</i>	
Signature of Authorized Representative GEORGE C. MYERS					

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
FILED

FEB 24 2023

2:09

BY PE49F