



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV.

FEB 27 2023

1. Entry ID Number 000061567		2. Exact name of the Corporation New England Homes, Inc.			
3. Principal Office Address 2220 Mendon Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Development and construction of residential and commercial properties.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Ann Marie Mazzone			Vice-President Name Ann Marie Mazzone		
Street Address 2 Hinckley Road			Street Address 2 Hinckley Road		
City Milton	State MA	Zip 02186	City Milton	State MA	Zip 02186
Secretary Name Ann Marie Mazzone			Treasurer Name Ann Marie Mazzone		
Street Address 2 Hinckley Road			Street Address 2 Hinckley Road		
City Milton	State MA	Zip 02186	City Milton	State MA	Zip 02186
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Ann Marie Mazzone			Director Name		
Street Address 2 Hinckley Road			Street Address		
City Milton	State MA	Zip 02186	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES Commom	PAR VALUE No Par
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 Ann Marie Mazzone					Date 2/23/23
Signature of Authorized Representative 					

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

SIGNATURE FILED

FEB 27 2023

BY 3481