



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
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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2023 MAY 16 PM 2:10

2023 APR 26 PM 1:32

1. Entity ID Number <u>000941175</u>		2. Exact name of the Corporation <u>New England Sign Sellers Inc.</u>	
3. Principal Office Address <u>44 Fishing Cove Rd</u>		City <u>North Kingstown</u>	State <u>RI</u>
4. NAICS Code <u>531390</u>		6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Sign Installation</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>David Bachner</u>		Vice-President Name <u>SAMU</u>	
Street Address <u>77 Baker Way</u>		Street Address <u>SAMU</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
Secretary Name <u>SAMU</u>		Treasurer Name <u>SAMU</u>	
Street Address <u>SAMU</u>		Street Address <u>SAMU</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>David Bachner</u>		Director Name <u>SAMU</u>	
Street Address <u>77 Baker Way</u>		Street Address <u>SAMU</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
Director Name <u>SAMU</u>		Director Name <u>SAMU</u>	
Street Address <u>SAMU</u>		Street Address <u>SAMU</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
9. Shares Authorized 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 <u>1</u>	CLASS/SERIES <u>STK</u>
			PAR VALUE <u>\$0.01</u>
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 <u>David Bachner</u>		Date <u>4-21-23</u>	
Signature of Authorized Representative <u>[Signature]</u>		FILED MAY 16 2023	