



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<br><u>000941175</u>                                                                                                                                                                                                           |                    | 2. Exact name of the Corporation<br><u>New England SignSetters Inc</u>                                              |                                                                                                                                                                                                                                                      |                    |                        |                  |              |           |  |            |               |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|------------------|--------------|-----------|--|------------|---------------|--|--|--|
| 3. Principal Office Address<br><u>44 Fishing Cove Rd</u>                                                                                                                                                                                          |                    | City<br><u>North Kingstown</u>                                                                                      |                                                                                                                                                                                                                                                      | State<br><u>RI</u> | Zip<br><u>02852</u>    |                  |              |           |  |            |               |  |  |  |
| 4. NAICS Code<br><u>531390</u>                                                                                                                                                                                                                    |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate Sign Installation</u> |                                                                                                                                                                                                                                                      |                    |                        |                  |              |           |  |            |               |  |  |  |
| 5. State of Incorporation<br><u>RI</u>                                                                                                                                                                                                            |                    |                                                                                                                     |                                                                                                                                                                                                                                                      |                    |                        |                  |              |           |  |            |               |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                    |                    |                                                                                                                     |                                                                                                                                                                                                                                                      |                    |                        |                  |              |           |  |            |               |  |  |  |
| President Name<br><u>David Buchner</u>                                                                                                                                                                                                            |                    |                                                                                                                     | Vice-President Name                                                                                                                                                                                                                                  |                    |                        |                  |              |           |  |            |               |  |  |  |
| Street Address<br><u>77 Baker Way</u>                                                                                                                                                                                                             |                    |                                                                                                                     | Street Address<br><u>SAME</u>                                                                                                                                                                                                                        |                    |                        |                  |              |           |  |            |               |  |  |  |
| City<br><u>North Kingstown</u>                                                                                                                                                                                                                    | State<br><u>RI</u> | Zip<br><u>02852</u>                                                                                                 | City                                                                                                                                                                                                                                                 | State              | Zip                    |                  |              |           |  |            |               |  |  |  |
| Secretary Name<br><u>SAME</u>                                                                                                                                                                                                                     |                    |                                                                                                                     | Treasurer Name<br><u>SAME</u>                                                                                                                                                                                                                        |                    |                        |                  |              |           |  |            |               |  |  |  |
| Street Address                                                                                                                                                                                                                                    |                    |                                                                                                                     | Street Address                                                                                                                                                                                                                                       |                    |                        |                  |              |           |  |            |               |  |  |  |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                                                 | City                                                                                                                                                                                                                                                 | State              | Zip                    |                  |              |           |  |            |               |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                   |                    |                                                                                                                     |                                                                                                                                                                                                                                                      |                    |                        |                  |              |           |  |            |               |  |  |  |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                |                    |                        |                  |              |           |  |            |               |  |  |  |
| This information is currently of record in the Department of State.                                                                                                                                                                               |                    |                                                                                                                     | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td></td> <td><u>STK</u></td> <td><u>\$0.01</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                    |                        | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |  | <u>STK</u> | <u>\$0.01</u> |  |  |  |
| NUMBER OF SHARES                                                                                                                                                                                                                                  | CLASS/SERIES       | PAR VALUE                                                                                                           |                                                                                                                                                                                                                                                      |                    |                        |                  |              |           |  |            |               |  |  |  |
|                                                                                                                                                                                                                                                   | <u>STK</u>         | <u>\$0.01</u>                                                                                                       |                                                                                                                                                                                                                                                      |                    |                        |                  |              |           |  |            |               |  |  |  |
|                                                                                                                                                                                                                                                   |                    |                                                                                                                     |                                                                                                                                                                                                                                                      |                    |                        |                  |              |           |  |            |               |  |  |  |
| Changes require an additional filing.                                                                                                                                                                                                             |                    |                                                                                                                     |                                                                                                                                                                                                                                                      |                    |                        |                  |              |           |  |            |               |  |  |  |
| 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<br><u>David Buchner</u>                                                                                                                                                                                         |                    |                                                                                                                     |                                                                                                                                                                                                                                                      |                    | Date<br><u>4-21-23</u> |                  |              |           |  |            |               |  |  |  |
| Signature of Authorized Representative<br><u>[Signature]</u>                                                                                                                                                                                      |                    |                                                                                                                     |                                                                                                                                                                                                                                                      |                    | FILED                  |                  |              |           |  |            |               |  |  |  |

MAY 16 2023

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