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State of Rhode Island

Department of State - Business Services Division

Annual	Report fo	r the year:

Corporation

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BUS SVCS DIVR.I. DEPT. OF STATE

BUS SVCS DIV

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 2023 MAY 16 PM 2: 18

→ Penalty: Additional \$25.00 fe	e if form is not file	ed by May 31.	LOLO TIAT T	2023 APR 2	6 PM <u>1</u>	: 32	
1. Entity ID Number	2. Exact name of	the Corporation			<u></u>		
000941135	New E	ngland	$\mathcal{O}i\mathcal{C}$	etters	700		
3. Principal Office Address			City 1	1,,	State	Zip	
44 Fishing (<u>_6</u>	尺(人	North	, Kingstan	15	T- 10402	
4. NAICS Code	Brief description	n of the character	of business c	onducted in Rhode Isla	and .		
T21290	\bigcirc 1		$\leq : \alpha_{\bullet}$	Installa	whe	$\hat{}$	
5. State of Incorporation	1200/	LS TAK	2121	74 1211111	12 (0)	
TI							
7. List ALL officers (names and add	resses)				e box to in	dicate an attachment	
President Name	2 chec	•	Vice-President	Name	Ω		
Street Address	<u>JOUITH</u>		Street Address	; (All 1.			
17 BAKR	r wax			\mathcal{S}_{ℓ}	Totata	Zip	
City of Cina	State	2ip/27<27	City		State	المال	
Secretary Name			Treasurer Nan	ne -			
≤ 60			0	$-\leq AA$	//		
Street Address			Street Address	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$			
City	State	Zip	City		State	Zip	
		<u> </u>		Chack th	e boy to in	dicate an attachment	
List ALL directors (names and ad Director Name	idresses)	<u></u>	Director Name		ic box to iii	dioxe on diagramo.	
Diecol Name							
Street Address			Street Address	;			
City	State	Zip	City		State	Zip	
	<u> </u>	<u> </u>					
Director Name			Director Name)			
Street Address			Street Address				
	Ta:	13	Ciby		State	Zip	
City	State	Zıp	City		Clate		
9. Shares Authorized	<u> </u>	10. Shares Issue		Check th	ne box to in	dicate an attachment PAR VALUE	
This information is currently of recor Department of State.	rd in the	NUMBER OF SH	ARES	CLASS/SERIES		ALC: CI	
		<u> </u>		SIK		$\frac{MO'O'}{MO'}$	
Changes require an additional filing.						·	
11. This report must be executed or	n behalf of the cor	poration by an aut	horized repres	sentative. If the corpora	ation is in t	he hands of a receiver or	
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					Date	.01.00	
	1)AUIO	1 VDOCY	1 rec		1	<u></u>	
Signature of Authorized Represent	ative /	10		FILED		_	
1	Wix	V I		11660		<u> </u>	
<u></u>			**	114V 1 a 202	1		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 1 6 2023

- FORM 630 - Revised: 11/2021