



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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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BUS SVCS DIV

2023 APR 26 PM 1:32

2023 MAY 16 PM 2:26

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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 <input type="checkbox"/>			
President Name <u>David Buchner</u>		Vice-President Name	
Street Address <u>77 Baker Way</u>		Street Address <u>SAME</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>02852</u>	State <u>RI</u>
Secretary Name <u>SAME</u>		Treasurer Name <u>SAME</u>	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>STK</u>	
		<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. <u>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.</u>			
Name of Authorized Representative <u>David Buchner</u>		Date <u>4-21-23</u>	
Signature of Authorized Representative <u>[Signature]</u>		FILED	

MAY 16 2023

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govBY AVVAT 12:30

FORM 630 - Revised: 11/2021