



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2020  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED STATE  
 RI DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2023 MAY-16 PM 12:25

1. Entity ID Number <b>000941175</b>		2. Exact name of the Corporation <b>New England Sign Setters, Inc.</b>	
3. Principal Office Address <b>44 Fishing Cove rd</b>		City <b>North Kinstown</b>	State <b>RI</b>
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Sign Installation</b>	
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <i>David Bucher</i>		Vice-President Name	
Street Address <i>77 Baker Way</i>		Street Address	
City <i>N. Kinstown</i>	State <i>RI</i>	City <i>SM</i>	Zip <i>02852</i>
Secretary Name		Treasurer Name <i>SM</i>	
Street Address		Street Address	
City	State	City	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	City	Zip
Director Name <i>SM</i>		Director Name <i>SM</i>	
Street Address		Street Address	
City	State	City	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		<i>1</i>	<i>STK</i>
			<i>SC-01</i>
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. <b>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.</b>			
Name of Authorized Representative <i>David Bucher</i>		Date <i>5-15-23</i>	
Signature of Authorized Representative <i>[Signature]</i>		<b>FILED</b>	

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 16 2023**  
 BY *[Signature]* 12:31  
 FORM 630 - Revised: 04/2023