



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 000941175		2. Exact name of the Corporation New England Sign Setters, Inc.	
3. Principal Office Address 44 Fishing Cove rd		City North Kinstown	State RI
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate Sign Installation	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	State
Zip		Zip	
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
Zip		Zip	
Director Name <i>SM</i>		Director Name <i>SM</i>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 <input type="checkbox"/>	
		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. 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 <i>David Bucher</i>		Date <i>5-15-23</i>	
Signature of Authorized Representative <i>[Signature]</i>		FILED	

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 *HVVAT* 12:31
FORM 630 - Revised: 04/2023