



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

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  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2023 MAY 16 PM 12:26

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
		Zip 02852	
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name David Bahner		Vice-President Name	
Street Address 73 Bate Way		Street Address	
City North Kinstown	State RI	City	State
Zip 02852		Zip	
Secretary Name		Treasurer Name Sam	
Street Address		Street Address	
City	State	City	State
Zip		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	State
Zip		Zip	
Director Name Sam		Director Name Sam	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 1	CLASS/SERIES STK
			PAR VALUE \$0.01
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 David Bahner		Date 4-21-23	
Signature of Authorized Representative [Signature]			

## 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

12:30

FORM 630- Revised 04/2023

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