



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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <i>David Bahner</i>			Vice-President Name		
Street Address <i>73 Bateway</i>			Street Address		
City <i>North Kinstown</i>	State <i>RI</i>	Zip <i>02852</i>	City	State	Zip
Secretary Name			Treasurer Name <i>Sam</i>		
Street Address			Street Address		
City	State	Zip	City	State	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 <i>Sam</i>	State	Zip	City <i>Sam</i>	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
		<i>1</i>		<i>STK</i>	<i>100</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 Bahner</i>					Date <i>4-21-23</i>
Signature of Authorized Representative <i>[Signature]</i>					

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

~~BY~~ HVKAT