

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island
Department of State - Business Services Division

2023 JUL 26 P 2:27 **STAMP**

Annual Report for the year: 2023
Corporation

FOR SECRETARY OF STATE
USE ONLY

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

1. Entity ID Number 156180		2. Exact name of the Corporation Northeast Stables Inc	
3. Principal Office Address 164 Rockwood Avenue		City Cranston	State RI
		Zip 02920	
4. NAICS Code 115210	6. Brief description of the character of business conducted in Rhode Island Horse breeding		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Julian DeMarzo Jr		Vice-President Name Julian DeMarzo Jr.	
Street Address 164 Rockwood Ave		Street Address 164 Rockwood Avenue	
City Cranston	State RI	Zip 02920	City Cranston RI
			State RI
			Zip 02920
Secretary Name Same		Treasurer Name Same	
Street Address ↓		Street Address ↓	
City	State	Zip	City
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	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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
		100	STK
			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 Julian J DeMarzo Jr			Date 7-23-23
Signature of Authorized Representative Julian De Marzo Jr.			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

JUL 26 2023

BY WFSOV
AR