RI SOS Filing Number: 202342602890 Date: 11/6/2023 2:16:00 PM



RECEIVED B.J. DEPT. OF STATE BUS SVCS BY

REINSTATEMENT

1923 NOV -6 ₱ 2: 16

| 1. Entity ID Number: | 2. The name of the entity is: | | | | | | | |
|---------------------------------|-------------------------------|--------------------|-------|-------------------|--|--|--|--|
| 000115839 | NEI GENERAL CONTRACTING, INC. | | | | | | | |
| 3. Date of Revocation: | 4. Reason | | | | | | | |
| 12-30-2020 | Annual F | | | | | | | |
| 5. Entity Type: | | | | | | | | |
| Foreign Business Corporation | | | | | | | | |
| 6. The reinstatement requiremen | ts are: | | | | | | | |
| Annual Reports (# of reports | 5) 5 | (report filing fee | \$ 50 | Total Fees \$ 250 | | | | |
| Penalty fees (# of years) | 3 | (penalty fee) | \$ 50 | Total Fees \$ 150 | | | | |
| Replacement filing fee \$ | | | | | | | | |
| ✓ LOGS (Tax Good Standing) | | | | | | | | |
| Legislative Act/Court Order | | | | | | | | |
| Change of Agent Form (filing | g fee) \$ | | | | | | | |
| ☐ Change of Registered Office | Form - NC | FEE | | | | | | |
| Certificate of Correction | | | | | | | | |
| Amendment (name change | required) | | | | | | | |
| 7. Accompanied by | | | | | | | | |

FILED

NOV 06 2023 2:16pm

BY LIS DSC21





Tax.Collections@tax.ri.gov

NEI GENERAL CONTRACTING INC 27 PACELLA PARK DR RANDOLPH, MA 02368-1755

Notice ID: Case ID: Taxpayer ID: 10016122451 21110553 043409881

LETTER OF GOOD STANDING

It appears from our records that NEI GENERAL CONTRACTING INC has filed all the required returns due for this Letter of Good Standing and paid all known tax liabilities as of this date. NEI GENERAL CONTRACTING INC is in good standing with the Rhode Island Division of Taxation (Division) as of 10/26/2023. This Letter of Good Standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of Chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named entity for the purpose of:

REINSTATEMENT OF REVOKED CORPORATE **CHARTER**

This Letter of Good Standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

NEENA S. SAVAGE TAX ADMINISTRATOR

IAN BEAUREGARD, Supervising Revenue Officer Compliance and Collections

State of Rhode Island

Department of State - Business Services Division

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

STAMP

| Annual Report for the year: Corporation | 2024 | | | | TOTA MOA - P | FOR ETATE | | | |
|---|------------------------------|---|---|-----------------------------------|-----------------------|-------------------------|--|--|--|
| → Filing period: February 1 → Filing Fee: \$50.00 | - | t God by May 21 | | | | INF OPLY | | | |
| → Penalty: Additional \$25.00 1. Entity ID Number | | of the Corporation | | | | | | | |
| 000115839 | NEI GENERAL CONTRACTING INC. | | | | | | | | |
| 3. Principal Office Address | | | City | | State | Zip | | | |
| 27 PACELLA PARK DRIVE | | | RAND | RANDOLPH MA 02368 | | | | | |
| 4. NAICS Code | 6. Brief descri | ption of the charact | ter of business conducted in Rhode Island | | | | | | |
| 236118 | GENERAL | GENERAL CONTRACTOR FOR CONSTRUCTION/REMODELING OF | | | | | | | |
| 5. State of Incorporation MA | ALL TYPE | ALL TYPES OF COMMERCIAL & RESIDENTIAL STRUCTURES | | | | | | | |
| 7. List ALL officers (names and a | ddresses) | | | Check | the box to indicate a | n allachment 🖸 | | | |
| President Name JOSEF RETTMAN | | | Vice-President Name | | | | | | |
| Street Address 27 PACELLA PARK DRIVE | | | Street Address | | | | | | |
| City RANDOLPH | State MA | ^{2ip} 02368 | City | _ | State | Zip | | | |
| Secretary Name JOSEF RETTMAN | | | Treasurer Name JOSEF RETTMAN | | | | | | |
| Street Address 27 PACELLA | PARK DRIVE | | Street Add | 27 PACE | LLA PARK DRI | | | | |
| CAY RANDOLPH | State MA | ^{ZIp} 02368 | City RAI | NDOLPH | State MA | ^{Zip} 02368 | | | |
| 8. List ALL directors (names and | addresses) | | - 1-: · · · | | the box to indicate a | an attachment 🔲 | | | |
| Director Name JOSEF RETTI | MAN | | Director No | | | | | | |
| Street Address 27 PACELLA | Street Address | | | | | | | | |
| Cay RANDOLPH | State MA | ^{Z_{ip}} 02368 | City | | State | Zip | | | |
| Director Name | | | Ofrector No | smė | - | | | | |
| Street Address | Street Address | | | | | | | | |
| City | State | Zip | City | ·- ·- | State | Zip | | | |
| 9. Shares Authorized | | 10. Shares Iss | | | k the box to indicate | an attachment C | | | |
| This information is currently of record in the | | NUMBER OF | SHARES | | S/SERIES | PACK VALUE | | | |
| Department of State. | | 20000 | | CNP | 0 | 0 | | | |
| Changes require an additional filln | | | | | | | | | |
| 11. This report must be executed | on behalf of the | corporation by an a | uthorized rep | presentative. If the | corporation is in the | hands of a re- | | | |
| ceiver or trustee, this report must Under penalty of perjury, I decl | be executed on l | penait of the corpor | ed this repo | rt, including any | accompanying sch | edules and | | | |
| statements, and that all statem | ents contained i | herein are true an | d correct. | | | | | | |
| Name of Authorized Representation JOSEF RETTMAN | | 11/2/23 | | | | | | | |
| Signature of Authorized Represer | native | | · · · · · · · · · | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02804-2615 Phone: (401) 222-3040 Website: www.sos.fl.gov

NOV 0 6 2023 2:21pm FORM 630- Revised: 04/2023

BYLKS DSC21