



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
**STAMP**  
2023 NOV -6 P 2:16  
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number <b>000115839</b>		2. Exact name of the Corporation <b>NEI GENERAL CONTRACTING INC.</b>	
3. Principal Office Address <b>27 PACELLA PARK DRIVE</b>		City <b>RANDOLPH</b>	State <b>MA</b>
		Zip <b>02368</b>	
4. NAICS Code <b>236118</b>	6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTOR FOR CONSTRUCTION/REMODELING OF ALL TYPES OF COMMERCIAL &amp; RESIDENTIAL STRUCTURES</b>		
5. State of Incorporation <b>MA</b>			
Check the box to indicate an attachment <input type="checkbox"/>			
7. List ALL officers (names and addresses)			
President Name <b>JOSEF RETTMAN</b>		Vice-President Name	
Street Address <b>27 PACELLA PARK DRIVE</b>		Street Address	
City <b>RANDOLPH</b>	State <b>MA</b>	Zip <b>02368</b>	
Secretary Name <b>JOSEF RETTMAN</b>		Treasurer Name <b>JOSEF RETTMAN</b>	
Street Address <b>27 PACELLA PARK DRIVE</b>		Street Address <b>27 PACELLA PARK DRIVE</b>	
City <b>RANDOLPH</b>	State <b>MA</b>	Zip <b>02368</b>	
Check the box to indicate an attachment <input type="checkbox"/>			
8. List ALL directors (names and addresses)			
Director Name <b>JOSEF RETTMAN</b>		Director Name	
Street Address <b>27 PACELLA PARK DRIVE</b>		Street Address	
City <b>RANDOLPH</b>	State <b>MA</b>	Zip <b>02368</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Shares Authorized		10. Shares Issued	
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <b>20000</b>	CLASS/SERIES <b>CNP</b>
		PAR VALUE <b>0</b>	
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. <i>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.</i>			
Name of Authorized Representative <b>JOSEF RETTMAN</b>			Date <b>11/2/23</b>
Signature of Authorized Representative <b>X</b>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

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BY LKS DSC 21

2:26pm  
FORM 630- Revised: 04/2023