



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  
24 FEB 2024 PM 2:42:55  
OR  
SECRETARY OF STATE  
OSF ONLY

1. Entity ID Number 070127796		2. Exact name of the Corporation NEW ENGLAND Regional MTC. CORP	
3. Principal Office Address 90 Shale RD STE 204		City Salem	State NH
4. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island MTC Banking	
5. State of Incorporation NH		7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment	
President Name Nancy (Whit) Gennarelli		Vice-President Name	
Street Address 784 Ocean Blvd #2		Street Address	
City Rye	State NH	City	State
Zip 03870		Zip	
Secretary Name Nancy (Whit) Gennarelli		Treasurer Name	
Street Address 784 Ocean Blvd #2		Street Address	
City Rye	State NH	City	State
Zip 03870		Zip	
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name Nancy (Whit) Gennarelli		Director Name	
Street Address 784 Ocean Blvd #2		Street Address	
City Rye	State NH	City	State
Zip 03870		Zip	
Director Name		Director Name	
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 <input type="checkbox"/> Check the box to indicate an attachment	
		NUMBER OF SHARES	CLASS/SERIES
			PAR VALUE
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 Nancy (Whit) Gennarelli		Date 2/15/24	
Signature of Authorized Representative Nancy (Whit) Gennarelli		FILED FEB 16 2024	

MAIL TO:  
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