



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number <u>070127796</u>		2. Exact name of the Corporation <u>NEW ENGLAND Regional MTO. Corp</u>			
3. Principal Office Address <u>90 Shale RD STE 202</u>		City <u>Salem</u>	State <u>NH</u>	Zip <u>03079</u>	
4. NAICS Code <u>522310</u>		6. Brief description of the character of business conducted in Rhode Island <u>MTO Banking</u>			
5. State of Incorporation <u>NH</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Nancy (Whit) Gennarelli</u>			Vice-President Name		
Street Address <u>784 Ocean Blvd #2</u>			Street Address		
City <u>Rye</u>	State <u>NH</u>	Zip <u>03870</u>	City	State	Zip
Secretary Name <u>Nancy (Whit) Gennarelli</u>			Treasurer Name		
Street Address <u>784 Ocean Blvd #2</u>			Street Address		
City <u>Rye</u>	State <u>NH</u>	Zip <u>03870</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Nancy (Whit) Gennarelli</u>			Director Name		
Street Address <u>784 Ocean Blvd #2</u>			Street Address		
City <u>Rye</u>	State <u>NH</u>	Zip <u>03870</u>	City	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		
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 <u>Nancy (Whit) Gennarelli</u>				Date <u>2/15/24</u>	
Signature of Authorized Representative <u>Nancy (Whit) Gennarelli</u>				FILED FEB 16 2024 BY <u>70K13X</u>	

MAIL TO:
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