



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

FILED STAMP

FEB 23 2024

BY [Signature]

1. Entity ID Number 000109622		2. Exact name of the Corporation Nefcon Inc			
3. Principal Office Address 39 Elgin Ave			City N Kingstown	State RI	Zip 02852
4. NAICS Code 523930		6. Brief description of the character of business conducted in Rhode Island Financial Management Consulting Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gail Squillante			Vice-President Name Jerome F Squillante		
Street Address 39 Elgin Ave			Street Address 39 Elgin Ave		
City N Kingstown	State RI	Zip 02852	City N Kingstown	State RI	Zip 02852
Secretary Name Gail Squillante			Treasurer Name Gail Squillante		
Street Address 39 Elgin Ave			Street Address 39 Elgin Ave		
City N Kingstown	State RI	Zip 02852	City N Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jerome F Squillante			Director Name Gail Squillante		
Street Address 39 Elgin Ave			Street Address 39 Elgin Ave		
City N Kingstown	State RI	Zip 02852	City N Kingstown	State RI	Zip 02852
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		PAR VALUE
			100	100	0.00
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 GAIL A. SQUILLANTE					Date 2/20/24
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:

Division of Business Services
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