RI SOS Filing Number: 202448207160 Date: 3/4/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED STAMP
MAR 04 2024
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
96516	Northeast Ventures, Inc.

3. Principal Office Address	City	State	Zip
1478 Atwood Avenue Suite 211	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	to purchase, sell, lease, acquire, mortgage and otherwise deal in real estate including developing and constructing roadways
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Allen H. Cicchitelli	Vice-President Name: Allen H. Cicchitelli
Street Address: 1478 Atwood Avenue Suite 211	Street Address: 1478 Atwood Avenue Suite 211
City: Johnston State: RI Zip: 02919	City: Johnston State: RI Zip: 02919
Secretary Name: Allen H. Cicchitelli	Treasurer Name:
Street Address: 1478 Atwood Avenue Suite 211	Street Address:
City: Johnston State: RI Zip: 02919	City: State: Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Allen H. Cicchitelli	Director Name:
Street Address: 1478 Atwood Avenue Suite 211	Street Address:
City: Johnston State: RI Zip: 02919	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9 Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par

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	Date
Allen H. Cicchitelli, President	2/24/24

Signature of Authorized Representative: Allen H. Cicchitelli

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

FORM 630 - Revised: 11/2021