RI SOS Filing Number: 202448291420			Date: 3/7/2024 4:0	00:00 PM		
State of Rhode Island Department of		ss Services D	Division	FILE	ED _.	
Annual Report for the year: 2024				MADAG	/ 2024	
Corporation			_	MAR 0.7	11 1	
 → Filing period: February → Filing Fee: \$50.00 → Penalty: Additional \$25. 		filed by May 31.		BY	141	
1. Entity ID Number		of the Corporation				
000065444	New Engla	New England Marketing Consultants, Inc.				
3. Principal Office Address			City	State	Zip	
PO Box 40485			Providence	RI	02940	
4. NAICS Code 454390	6. Brief descrip Selling jan	6. Brief description of the character of business conducted in Rhode Island Selling janitorial supplies and maintenance products directly to businesses.				
5. State of Incorporation Rhode Island						
7. List ALL officers (names an				Check the box to indicate	e an attachment	
President Name Mark Douglas Langley			Vice-President Name Laura Jean Langley			
Street Address PO Box 216			Street Address PO Box 216			
^{City} North Dighton	State MA	^{Zip} 02764	City North Dighton	State MA	^{Zip} 02764	
Secretary Name Mark Douglas Langley			Treasurer Name Laura Jean Langley			
Street Address PO Box 216			Street Address PO Box 216			
^{City} North Dighton	State MA	^{Zip} 02764	^{City} North Dighton	State MA	^{Zip} 02764	
8. List ALL directors (names a	and addresses)		Director Name	Check the box to indicat	e an attachment 🔲	
Director Name			Director Harrie	. <u></u>		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares iss		Check the box to indicate CLASS/SERIES	te an attachment PAR VALUE	
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS 1000		0.00	
•		1000				
Changes require an additional	tiling.					
11. This report must be executrustee, this report must be ex	uted on behalf of the	corporation by an	authorized representative. If	the corporation is in the ha	ands of a receiver or	
Under penalty of perjury, I	declare and affirm t	hat I have examin	ed this report, including a	ny accompanying sched	ules and	
statements, and that all sta	tements contained	herein are true ar	nd correct.	Date	<u> </u>	
Name of Authorized Represe	mauve			150.0		

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Mark D. Langley

FORM 630 - Revised: 11/2021