State of Rhode Island

Department of State - Business Services Division

FILED
MAR 07 2024
BY 11614 DS

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			
000065444	New England Marketing Consultants, Inc.			
3. Principal Office Address		City	State	Zip
PO Box 40485		Providence	RI	02940
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
454390	Selling janitorial supplies and maintenance products directly to businesses.			
5. State of Incorporation				
Rhode Island				

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

Director Name			Director Name		
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 Issued 1000 — Check the box to indicate an attachment ☐

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000		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: Mark D. Langley

Date: 2. 12. 2024

Signature of Authorized Representative: Mark D. Langley

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