



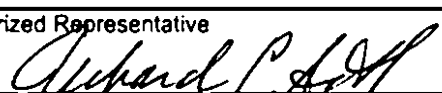
State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDGES BSD
24 MAR 13 PM 1:05:0

1. Entity ID Number 298688		2. Exact name of the Corporation NORTH EAST INSURANCE PLANNING, INC.			
3. Principal Office Address 3 PONAGANSETT ROAD			City FOSTER	State RI	Zip 02825
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island INSURANCE CONSULTING AND RECCRUITING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD C. SCOTT			Vice-President Name RICHARD C. SCOTT		
Street Address 3 PONAGANSETT ROAD			Street Address SAME		
City FOSTER	State RI	Zip 02825	City	State	Zip
Secretary Name RICHARD C. SCOTT			Treasurer Name RICHARD C. SCOTT		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RICHARD C. SCOTT			Director Name		
Street Address SAME			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 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
		1,000,000		STK	0.0100
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 RICHARD C. SCOTT, PRESIDENT					Date 3-8-2024
Signature of Authorized Representative 					FILED MAR 13 2024 BY ML 1255

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