

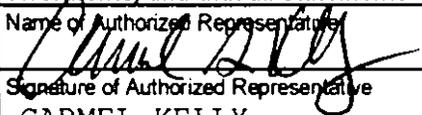
WORT6036

**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**  
**MAR 19 2024**  
**BY 14605**

1. Entity ID Number 000841081		2. Exact name of the Corporation NORTHEAST CNC TECHNOLOGIES INC			
3. Principal Office Address 73 E FORREST AVENUE STE 140D			City SHREWSBURY	State PA	Zip 17361
4. NAICS Code 444130		6. Brief description of the character of business conducted in Rhode Island  CNC MACHINERY			
5. State of Incorporation MD					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
President Name CARMEL G KELLY			Vice-President Name RICHARD F HUEBLER		
Street Address 15793 OLD COUNTRY COURT			Street Address 5177 MOUNTAIN ROAD		
City NEW FREEDOM	State PA	Zip 17349	City PASADENA	State MD	Zip 21122
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
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 <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		2000		COMMON	1
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.					
<b>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.</b>					
Name of Authorized Representative 					Date 3/14/24
Signature of Authorized Representative CARMEL KELLY					

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