



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024 Amended
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 RIDOS BSD
24 JUL 12 PM 2:05:39

1. Entity ID Number 000098868		2. Exact name of the Corporation Northeast Motion, Inc.			
3. Principal Office Address 410 Harris Road			City Smithfield	State RI	Zip 02917
4. NAICS Code 334512		6. Brief description of the character of business conducted in Rhode Island THE MANUFACTURE, DESIGN, SALE AND REPAIR OF CONTROL SYSTEMS.			
5. State of Incorporation Rhode Island		TITLE: 7-1.1-51			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jordan Ugalde			Vice-President Name		
Street Address 410 Harris Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Jordan Ugalde			Treasurer Name Jordan Ugalde		
Street Address 410 Harris Road			Street Address 410 Harris Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JORDAN UGALDE			Director Name		
Street Address 410 HARRIS ROAD			Street Address		
City SMITHFIELD	State RI	Zip 02917	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
		100	CWP	\$1.0000	
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 JORDAN UGALDE			FILED 200 JUL 12 2024		Date 7/12/24
Signature of Authorized Representative 			BY 6FXdN		

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



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

July 12, 2024 02:06 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

