



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.

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

MAIL TO:  
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