

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

Annual Report for the year: **Limited Liability Company**

2022

→ 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 Limite	ed Liability Company	,	
000759110	Northeast Contra	Northeast Contracting, LLC		
3. NAICS Code 236118	·	4. Brief description of the character of business conducted in Rhode Island Residential construction company.		
5. State of Formation	Residential construc			
6. Principal Office Address		City	State	Zip
1 Edith Street		Cumberland	RI	02864
7. Mailing Address of Limit	ed Liability Company and Name or	r Title of Contact Person		
Contact Name Derek A. Smith		Contact Title Manager		
Street Address 1 Edith Street		City Cumberland	State RI	^{Zip} 02864
8. The Resident Agent info	ormation currently of record with the	e RI Department of State is accura	ite. Changes requir	e filing Form 642
	ry, I declare and affirm that I hav statements contained herein are		ng any accompany	ring schedules and
Name of Authorized Person			Date	
Name of Authorized Perso	Derek A. Smith		9-12-2024	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

SEP 2 0 2024

FORM 632 - Revised