



**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 RIDOS: BSD  
 24 OCT 15 AM 9:36:05  
 STATE OF RHODE ISLAND

1. Entity ID Number <b>001689474</b>		2. Exact name of the Corporation <b>Northeast Building Company, Inc.</b>			
3. Principal Office Address <b>125 WEST ROAD</b>		City <b>CUMBERLAND,</b>		State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>236115</b>		6. Brief description of the character of business conducted in Rhode Island <b>NEW HOME CONSTRUCTION</b>			
5. State of Incorporation <b>RI</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 <b>RICHARD B BESSETTE</b>			Vice-President Name <b>RACHEL BESSETTE</b>		
Street Address <b>125 WEST ROAD</b>			Street Address <b>125 WEST ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>RACHEL BESSETTE</b>			Treasurer Name <b>RICHARD BESSETTE JR.</b>		
Street Address <b>125 WEST ROAD</b>			Street Address <b>125 WEST ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</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			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 <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>10,000</b>		<b>0.0100</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 <i>Richard Besette</i>				Date <b>10-15-24</b>	
Signature of Authorized Representative <i>Richard Besette</i>				Date <b>OCT 15 2024</b>	

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  
 BY **T2PXC**  
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