



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

1. Entity ID Number 001689474		2. Exact name of the Corporation Northeast Building Company, Inc.			
3. Principal Office Address 125 WEST ROAD		City CUMBERLAND,		State RI	Zip 02864
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island NEW HOME CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD B BESSETTE			Vice-President Name RACHEL BESSETTE		
Street Address 125 WEST ROAD			Street Address 125 WEST ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name RACHEL BESSETTE			Treasurer Name RICHARD BESSETTE JR.		
Street Address 125 WEST ROAD			Street Address 125 WEST ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <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 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
			10,000		0.0100
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 Richard Besette					Date 10-15-24
Signature of Authorized Representative <i>Richard Besette</i>					

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
OCT 15 2024
BY **T2PXC**
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