



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 30 2025

BY 4424

1. Entity ID Number <u>102573</u>		2. Exact name of the Corporation <u>The Retirement Planning Company of N.E., INC.</u>			
3. Principal Office Address <u>1287 Post Road</u>		City <u>Warwick</u>		State <u>RI</u>	Zip <u>02888</u>
4. NAICS Code <u>521113</u>		6. Brief description of the character of business conducted in Rhode Island <u>INVESTMENT Advisor</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>David W. Allaire</u>			Vice-President Name <u>NONE</u>		
Street Address <u>1287 Post Road</u>			Street Address		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>None</u>	CLASS/SERIES	PAR VALUE
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 <u>David W. Allaire</u>					Date <u>1/27/2025</u>
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised: 12/2023