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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.

1. Entity ID Number	2. Exact name of the Corporation		
001759917	The NEU Group, Inc		
3. Principal Office Address	**City**	**State**	**Zip**
228 Park Ave S, PMB 44680	New York	NY	10003
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
561311	EMPLOY GROUP LEADERS AND OTHER STAFFING		
5. State of Incorporation			
Delaware			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JOSEPH E. NEU			Vice-President Name:		
Street Address: 228 Park Ave S, PMB 44680			Street Address:		
City: New York	State: NY	Zip: 10003	City:	State:	Zip:
Secretary Name: ELENA DUNN			Treasurer Name: ELENA DUNN		
Street Address: 228 Park Ave S, PMB 44680			Street Address: 228 Park Ave S, PMB 44680		
City: New York	State: NY	Zip: 10003	City: New York	State: NY	Zip: 10003

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: JOSEPH E. NEU			Director Name:		
Street Address: 228 Park Ave S, PMB 44680			Street Address:		
City: New York	State: NY	Zip: 10003	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,500	CNP	$0.0000

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: JOSEPH E. NEU

Date: 2/3/2025

Signature of Authorized Representative:

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630- Revised: 12/2023