



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 RIDGOS BSD
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1. Entity ID Number 001759917		2. Exact name of the Corporation The NEU Group, Inc			
3. Principal Office Address 228 Park Ave S, PMB 44680			City New York	State NY	Zip 10003
4. NAICS Code 561311		8. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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		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
		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
146 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