



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

MAR 04 2025

BY

labb

1. Entity ID Number 1656946		2. Exact name of the Corporation NEW ENGLAND MODULAR CONSTRUCTION, INC.			
3. Principal Office Address 19B LARK INDUSTRIAL PARKWAY		City GREENVILLE		State RI	Zip 02828
4. NAICS Code 236200		6. Brief description of the character of business conducted in Rhode Island MODULAR CONSTRUCTION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID BAGGESEN			Vice-President Name		
Street Address 43 CRANBERRY RIDGE ROAD			Street Address		
City GLOCESTER	State RI	Zip 02857	City	State	Zip
Secretary Name			Treasurer Name		
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 DAVID BAGGESEN			Director Name		
Street Address 43 CRANBERRY RIDGE ROAD			Street Address		
City GLOCESTER	State RI	Zip 02857	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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			0 COMMON NO PAR		
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 DAVID BAGGESEN				Date 1/2/25/25	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021