



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.

REC'D: RIDOS BSD  
25 MAR 14 AM 10:38:10

1. Entity ID Number 1706516		2. Exact name of the Corporation North East Foam Solutions, Inc.			
3. Principal Office Address 39 Eaton Road			City Dedham	State MA	Zip 02026
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island Spray foam insulation			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Douglas Sharpe			Vice-President Name		
Street Address 39 Eaton Road			Street Address		
City Dedham	State MA	Zip 02026	City	State	Zip
Secretary Name Douglas Sharpe			Treasurer Name Douglas Sharpe		
Street Address 39 Eaton Road			Street Address 39 Eaton Road		
City Dedham	State MA	Zip 02026	City Dedham	State MA	Zip 02026
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Douglas Sharpe			Director Name		
Street Address 39 Eaton Road			Street Address		
City Dedham	State MA	Zip 02026	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 275,000	CLASS/SERIES No par common	PAR VALUE \$0.00	
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 Douglas Sharpe				Date 1-27-25	
Signature of Authorized Representative 				FILED	