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	e if form is not file	ed by May 31.								
1. Entity ID Number	2. Exact name of t	the Corporation					ł			
000034991	N.P.R.,INC	·			101-6		7.			
3. Principal Office Address			CHEPACHET		State		Zip 02814			
39 LOST ACRES DRIVE							020.4			
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island									
531390	LAND DEVELOPMENT AND SALES									
5. State of Incorporation										
RHODE ISLAND	İ									
7. List ALL officers (names and addr	resses)		***		he box to indi	ate an att	chment L			
President Name RICHARD O'KI	ident Name RICHARD O'KEFEE				Vice-President Name					
			Street Address							
Street Address 39 LOST ACRE	S DRIVE	<u> </u>	 	<u> </u>	State		Zlp			
CHEPACHET	State RI	^{Zip} 02814	City	34816						
Secretary Name	<u> </u>		Treasurer	Treasurer Name						
Street Address				Stroet Address						
Chy	State	Zip	City	<u> </u>	State		Zip			
8. List ALL directors (names and ad	Idresses)	<u> </u>		Check 1	the box to indi	cate an att	achment 🔲			
8. List ALL directors (names and addresses) Director Name Director Name										
			Street Address							
Struet Address										
City	State	Zip	City		State	-	Zip			
Director Name	<u></u>			Director Name						
Street Address			Street Address							
City	State	Zip	City		State		Zip			
9. Shares Authorized	<u> </u>	10. Shares Issu	ed .	Check	the box to ind	icate an at	Lachment 🔲			
This information is currently of recon	d in the	NUMBER OF SHARES			SERIES					
Department of State.		100		CNP 0						
Changes require an additional filing.	ng.				 	<u> </u>				
11. This report must be executed or						in the hand	is of a re-			
ceiver or trustee, this report must be Under penalty of perjury, I declar										
onour penanty or perjury, I decian statements, and that all statemen				t, including any a	ccompanying) Scneaux	s and			
Name of Authorized Representative				Date						
RICHARD O'KEEFE					06/05/2025					
Signature of Authorized Representa				<u>.</u> .	 h					

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 2136 P

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FORM 630 Revised: 12/2023



BY TUZBI