



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|--|--|---|----------------------------|
| 1. Entity ID Number 000034991 | | 2. Exact name of the Corporation N.P.R., INC. | |
| 3. Principal Office Address 39 LOST ACRES DRIVE | | City CHEPACHET | State RI |
| | | Zip 02814 | |
| 4. NAICS Code 531390 | 6. Brief description of the character of business conducted in Rhode Island LAND DEVELOPMENT AND SALES | | |
| 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 RICHARD O'KEEFE | | Vice-President Name | |
| Street Address 39 LOST ACRES DRIVE | | Street Address | |
| City CHEPACHET | State RI | Zip 02814 | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| 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 100 | CLASS/SERIES CNP |
| | | PAR VALUE 0 | |
| 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 RICHARD O'KEEFE | | Date 06/05/2025 | |
| Signature of Authorized Representative | | | |

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

BY TC281