



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
TAM
25 SEP 26 PM 11:22:47

1. Entity ID Number 001734010		2. Exact name of the Corporation NORTHEAST CUSTOM CONTRACTING INC			
3. Principal Office Address 10 BANEERRY TRAIL			City SAUNDERSTOWN	State RI	Zip 02874
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island IRRIGATION, REPAIR AND INSTALLATION AND LANDSCAPE DESIGN AND CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name R JASON REINALDA			Vice-President Name NONE		
Street Address 10 BANEERRY TRAIL			Street Address		
City SAUNDERSTOWN	State RI	Zip 02874	City	State	Zip
Secretary Name R JASON REINALDA			Treasurer Name R JASON REINALDA		
Street Address 10 BANEERRY TRAIL			Street Address 10 BANEERRY TRAIL		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS-SERIES COMMON	PAR VALUE 1.00	
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 R JASON REINALDA				Date 9/25/25	
Signature of Authorized Representative 					

FILED 11:26A

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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BY HCPVA