

1.) CORPORATION NAME:

NORTHEAST AGENCIES, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA 23114**

SCC ID NO: **F1754615**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6467 Main Street, Suite 104

CITY/ST/ZIP: Williamsville, NY 14221

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: George Biancardi TITLE: PRESIDENT ADDRESS: 31 Upper Ragsdale Drive CITY/ST/ZIP/CO: Monterey, CA 93940</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Jeffrey Marshall TITLE: VP & Treasurer ADDRESS: 31 Upper Ragsdale Drive CITY/ST/ZIP/CO: Monterey, CA 93940</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Charles O'Halloran TITLE: VICE PRESIDENT ADDRESS: 998 Farmington Avenue, Suite 218 CITY/ST/ZIP/CO: West Hartford, CT 06107</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Michael Rand TITLE: PRESIDENT ADDRESS: 6467 Main Street, Suite 104 CITY/ST/ZIP/CO: Williamsville, NY 14221</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Brandon Hickey TITLE: COO ADDRESS: 6467 Main Street, Suite 104 CITY/ST/ZIP/CO: Williamsville, NY 14221</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Norman Piotrowski TITLE: CFO ADDRESS: 6467 Main Street, Suite 104 CITY/ST/ZIP/CO: Williamsville, NY 14221</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: Stephen Murray TITLE: DIRECTOR ADDRESS: 245 Park Avenue, 16th Floor CITY/ST/ZIP/CO: New York, NY 10167	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Michael Hegarty TITLE: DIRECTOR ADDRESS: 177 Old Briarcliff Road CITY/ST/ZIP/CO: Briarcliff Manor, NY 10510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ George Biancardi	George Biancardi, PRESIDENT	6/14/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.