

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213530133

1.) CORPORATION NAME:

NORTHEAST AGENCIES, INC.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1754615**

5.) STOCK INFORMATION

CLASS AUTHORIZED

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GEORGE BIANCARDI	
TITLE:	PRESIDENT	
ADDRESS:	31 UPPER RAGSDALE DRIVE	
CITY/ST/ZIP/CO:	MONTEREY, CA 93940	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL RAND	
TITLE:	PRESIDENT-SALES	
ADDRESS:	6467 MAIN STREET, SUITE 104	
CITY/ST/ZIP/CO:	WILLIAMSVILLE, NY 14221	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KELLY MCRAE	
TITLE:	TREASURER	
ADDRESS:	31 UPPER RAGSDALE DRIVE	
CITY/ST/ZIP/CO:	MONTEREY, CA 93940	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHARLES O'HALLORAN	
TITLE:	VP & SECRETARY	
ADDRESS:	998 FARMINGTON AVENUE, SUITE 218	
CITY/ST/ZIP/CO:	WEST HARTFORD, CT 06107	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRANDON HICKEY	
TITLE:	COO	
ADDRESS:	6467 MAIN STREET, SUITE 104	
CITY/ST/ZIP/CO:	WILLIAMSVILLE, NY 14221	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NORMAN PIOTROWSKI	
TITLE:	CFO	
ADDRESS:	6467 MAIN STREET, SUITE 104	
CITY/ST/ZIP/CO:	WILLIAMSVILLE, NY 14221	

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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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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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	6/27/2013
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.