

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



215097260

1. CORPORATION NAME
 BANNER INDUSTRIES OF N.E., INC.

DUE DATE: 6/30/2015

SCC ID NO.: F196460-2

2. VA REGISTERED AGENT NAME AND ADDRESS: OFFICER.

GARY J RICHARD
 10100 NOKESVILLE RD
 MANASSAS VA 20110

5. STOCK INFORMATION:

CLASS	AUTHORIZED
COMMON	20,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
 308 - MANASSAS CITY (FILED-PRINCE WILLIAM COUNTY)

4. STATE OR COUNTRY OF INCORPORATION:
 MA - MASSACHUSETTS

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: ONE INDUSTRIAL DR	ADDRESS:
CITY/ST/ZIP: DANVERS MA 01923	CITY/ST/ZIP:

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.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: GARY J RICHARD TITLE: CEO ADDRESS: 10100 NOKESVILLE RD CITY/ST/ZIP: MANASSAS VA 20110	NAME: _____ TITLE: _____ ADDRESS: _____ CITY/ST/ZIP: _____

I affirm that the information contained in this report is accurate and complete as of the date below.

Jim De Marlo
 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

JIM DE MARLO
 PRINTED NAME AND TITLE

06/02/2015
 DATE

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

2015 ANNUAL REPORT CONTINUED

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

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NAME: ERIC RICHARD TITLE: OFFICER ADDRESS: 25 ROCKET WAY CITY/ST/ZIP: MALTA NY 12020	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: JAMES DEMARCO TITLE: DIRECTOR ADDRESS: ONE INDUSTRIAL DR CITY/ST/ZIP: DANVERS MA 01923	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: NIGEL WENDEN TITLE: DIRECTOR ADDRESS: ONE INDUSTRIAL DR CITY/ST/ZIP: DANVERS MA 01923	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	NAME: TITLE: ADDRESS: CITY/ST/ZIP: