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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cont'd)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
115143	E & M Enterprises, Ltd.

3. Street Address Principal Business Office	City	State	Zip
68 Bishop Hill Road	Johnston	RI	02919

4. Business Phone No.	5. State of Incorporation
401-274-7405	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
To engage in light manufacturing and the polishing, soldering, and stamping of jewelry, emblems and other like items

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Ernest Motta	68 Bishop Hill Road	Johnston	RI	02919

Vice President Name	Street Address	City	State	Zip
Shirley Motta	16 Tobyhanna Street	Providence	RI	02910

Secretary Name	Street Address	City	State	Zip
Robbin Motta	68 Bishop Hill Road	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
Ernest Motta	68 Bishop Hill Road	Johnston	RI	02919

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Ernest Motta	68 Bishop Hill Road	Johnston	RI	02919

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
301	Common	No Par

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.

[redacted]

[redacted]

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.

Signature *Date* 2/11/09

Ernest Motta
Print or Type Name

[redacted] President
Title

File Date FILED

Check No. FEB 17 2009

By: By 3089

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Form 630 Rev. 08/08