

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

401.222.30

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(c&d)) is refusing to the standard for the sta

1. Corporate ID No. 115143	2. Name of Corporation E & M Enterprises, Ltd.				
3. Street Address Principal Business Office 68 Bishop Hill Road			City Johnston	State RI	Zip 02919
4. Business Phone No. 5. State of Incorporation RHODE ISLAND			02319		
6. Brief Description of the Character of To engage in light manufact. 7. NAMES AND ADDRESSES President Name Ernest Motta	uring and the polishi	ng, soldering, and sta	mping of jewelry, emble CHMENT FILL IN Vice President Name Shirley Motta	ems and other like items	G ATTACHMENTS
Street Address 68 Bishop Hill Road			Street Address 16 Tobyhanna Street		
City Johnston	State RI	^{Zip} 02919	City Providence	State RI	^{Zip} 02910
Secretary Name Robbin Motta Street Address			Treasurer Name Emest Motta		
68 Bishop Hill Road			Street Address 68 Bishop Hill Road		
City Johnston	State RI	^{Zip} 02919	City Johnston	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Ernest Motta Street Address			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
68 Bishop Hill Road			Street Address		
City Johnston Director Name	State RI	<i>Ζi</i> ρ 02919	City Director Name	State	Zip
Street Address			Street Address		
City	State	Zip	City	Cart	
9. SHARES AUTHORIZED			State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Scries	Par Value
			301	Common	No Par
This report must be executed or this report must be executed or	n behalf of the corpor	pration by an authorized ration by the receiver o	ur trustee. Under penalty of p	perjury, I declare and affirm t	hat I have examined this report
File Date FILED Check No. FEB 1 7 2009 By: By FOR SECRETARY OF STATE	E USE ONLY		including any acco	ompanying schedules and state true and correct.	2/11/0 9 Date