

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.	2. Name of Corporation				
9134	E & E Realty				
3. Street Address Principal Business Office		Сиу	State	Zip	
15 Smith Ave.			Greenville,	R.I?	02814
4. Business Phone No. 5. State of Incorporation					
401-949-0730 Rhode Isla 6. Brief Description of the Character of Business Conducted in Rhode Island			nd		
				-	
Rental propert 7. NAMES AND ADDRESSES	Y OF THE OFFICERS	· ("X" ROX FOR ATTA	CHMENT)   FILE IN SPACE	S BEFORE USING	ATTACHMENTS
President Name	J. III OIFICERS	. ,	: Vice President Name	L LLI SKL OSING	
Stonbon E Honbins			: Thomas Honkins		
Stephen E. Hopkins Street Address			Thomas Hopkins Street Address		
8 Appleseed Drive			7 Chopmist Hill Rd.		
City	State	Zip	City	State	Zip
Greenville	l R.I.	02828	Chepachet	.l.RI	02814
Secretary Name		Treasurer Name			
Roberta Paine			Roberta Paine		
Street Address			Street Address		
1265 Putnam Pi		T <sub>2:0</sub>	:1265 Putnam Pi	Ke State	Zip
City	State	2ip	1 7	i	1 '
Chepachet	R.I.  OF THE DIRECTOR	02814 RS: ("X" BOX FOR ATT	: Chepachet ACHMENT) [] FILL IN SPACE	R.I. CES BEFORE USING	02814 GATTACHMENTS
Director Name	-, 211110101		Director Name		
Stephen E. Hopkins			Thomas Hopkins		
Street Address			Street Address		
8 Appleseed Drive			8 Chopmist Hoi	i Rd.	
City	State	Zip	City	State	Zip
Greenville	l <sub>R</sub> .I.	0.2828	Chepachet	.l <sub>R.•.I.</sub>	
Director Name			DirectorName		
Roberta Paine					
Street Address			Street Address		
1265 Putnam Pi	State	Zψ	: City	State	Zip
			;/ :		
Chepachet 9. SHAKES AUTHORIZED	R.I.	02814	:   I I I I I I I I I I I I I I I I I I		
		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.					
			600	common	none
				1	
				<u> </u>	
			ed representative. If the corpor	ation is in the hand	s of a receiver or trustee,
this report must be executed	on behalf of the cor	poration by the receiver	or trustee.		
					that I have examined this repor
<u> </u>		¬	<b>.</b>		ntements, and that all statemen
File Date FILED			contained herein are true	and correct.	2 2 0
File Date FILED			1 oberla	1 am	5-5-07
Check MAR 0 6 2009			Signature	. 2	Date
By: By 52/2			Koberta	PAINE	
			Print or Type Name	, -	
			1 Transus	au	
FOR SECRETARY OF ST	ATE USE ONLY	_	Title		
					Form 630 Rev. 08/08