



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(c)(4)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                           |                    |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------|--------------------|--------------|
| 1. Corporate ID No.<br>109465                                                                                                                              |             | 2. Name of Corporation<br>E-O, INC        |                    |              |
| 3. Street Address Principal Business Office<br>71 WINGATE RD                                                                                               |             | City<br>PROVIDENCE                        | State<br>R2        | Zip<br>02906 |
| 4. Business Phone No.<br>401-965-3666                                                                                                                      |             | 5. State of Incorporation<br>RHODE ISLAND |                    |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>TO ENGAGE IN THE BUSINESS OF REAL ESTATE INVESTMENT                         |             |                                           |                    |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                           |                    |              |
| President Name<br>TZE PING NG                                                                                                                              |             | Vice President Name<br>LOUIS YIP          |                    |              |
| Street Address<br>76 MIDDLE RD                                                                                                                             |             | Street Address<br>71 WINGATE RD           |                    |              |
| City<br>E. GREENWICH                                                                                                                                       | State<br>R2 | Zip<br>02818                              | City<br>PROVIDENCE | State<br>R2  |
| Secretary Name<br>LOUIS YIP                                                                                                                                |             | Treasurer Name<br>LOUIS YIP               |                    |              |
| Street Address<br>71 WINGATE RD                                                                                                                            |             | Street Address<br>71 WINGATE RD           |                    |              |
| City<br>PROVIDENCE                                                                                                                                         | State<br>R2 | Zip<br>02906                              | City<br>PROVIDENCE | State<br>R2  |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                           |                    |              |
| Director Name                                                                                                                                              |             | Director Name                             |                    |              |
| Street Address                                                                                                                                             |             | Street Address                            |                    |              |
| City                                                                                                                                                       | State       | Zip                                       | City               | State        |
| Director Name                                                                                                                                              |             | Director Name                             |                    |              |
| Street Address                                                                                                                                             |             | Street Address                            |                    |              |
| City                                                                                                                                                       | State       | Zip                                       | City               | State        |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                           |                    |              |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                        |             |                                           |                    |              |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED                                                                                                             |             |                                           |                    |              |
| Number of Shares<br>600                                                                                                                                    |             | Class/Series<br>COMMON                    | Par Value<br>NONE  |              |
| 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. |             |                                           |                    |              |

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.

FILED

MAR 31 2009

By: [Signature]  
29-85378

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

Print or Type Name

Title

|                                 |       |
|---------------------------------|-------|
| File Date                       | _____ |
| Check No.                       | _____ |
| By:                             | _____ |
| FOR SECRETARY OF STATE USE ONLY |       |