



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 531964		2. Exact name of the Corporation EBEAR ENTERPRISES, INC.			
3. Principal office address 33 HAILE STREET		City WARREN		State RI	Zip 02885
4. Business Phone No. 245-9975		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island PROPERTY MANAGEMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name AMY E. H. MURPHY			Vice-President Name JAMES V. MURPHY		
Street Address 33 HAILE STREET			Street Address 33 HAILE STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name AMY E. H. MURPHY			Treasurer Name JAMES V. MURPHY		
Street Address 33 HAILE STREET			Street Address 33 HAILE STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name AMY E. H. MURPHY			Director Name JAMES V. MURPHY		
Street Address 33 HAILE STREET			Street Address 33 HAILE STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Director Name Richard Wilson			Director Name None		
Street Address 198 Waterman Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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/SERIES	PAR VALUE
			100	Common	No Par Value

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.

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

FILED

FEB 28 2013

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.

Amy E. H. Murphy
Signature of Authorized Representative _____ Date _____
AMY E. H. MURPHY, President
Print or Type Name of Authorized Representative