



Department of State - Business Services Division

Annual Report for the year:
Corporation

2017

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 2643		2. Exact name of the Corporation Pine River Associates, Inc			
3. Principal Office Address 1311 Middle Road		City East Greenwich		State RI	Zip 02818
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island Owning, buying, selling, renting, dealing in Real Estate, selling appliances & equipment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patricia B Ellis			Vice-President Name Charles E Ellis, III		
Street Address 1311 Middle Road			Street Address PO Box 61		
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02852
Secretary Name Susan E Ellis			Treasurer Name Charles E Ellis, Jr		
Street Address PO Box 61			Street Address 1311 Middle Road		
City North Kingstown	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Patricia B Ellis			Director Name Charles E Ellis, III		
Street Address 1311 Middle Road			Street Address PO Box 61		
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02852
Director Name Charles E Ellis, Jr			Director Name Susan E Ellis		
Street Address 1311 Middle Road			Street Address PO Box 61		
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02852
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		common		none	
11. 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.					
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.					
Name of Authorized Representative Susan E Ellis				Date 1-13-17	
Signature of Authorized Representative <i>Susan E Ellis</i>					

FILED

JAN 17 2017

BY

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