



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ 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 10404		2. Exact name of the Corporation E & K ENTERPRISES, INC.			
3. Principal Office Address 42 SANDERSON ROAD			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island LESSER OF COMMERCIAL REAL ESTATE.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name KENNETH BEAUMIER			Vice-President Name CAROL BEAUMIER		
Street Address 38 SANDERSON ROAD			Street Address 38 SANDERSON ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name CAROL BEAUMIER			Treasurer Name KENNETH BEAUMIER		
Street Address 38 SANDERSON ROAD			Street Address 38 SANDERSON ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			NO PAR		
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 KENNETH BEAUMIER				Date 02/07/2017	
Signature of Authorized Representative <i>X Kenneth Beaumier</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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