



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 9159		2. Exact name of the Corporation E & J REALTY, INC.			
3. Principal Office Address 5 Benefit Street			City Providence	State RI	Zip 02904
4. NAICS Code 83		6. Brief description of the character of business conducted in Rhode Island real estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John A. McGowan			Vice-President Name Emily McGowan		
Street Address 1211 Camas Ave, NW			Street Address 1211 Camas Ave, NW		
City Palm Bay	State FL	Zip 32907-8089	City Palm Bay	State FL	Zip 32907-8089
Secretary Name Emily McGowan			Treasurer Name John A. McGowan		
Street Address 1211 Camas Ave, NW			Street Address 1211 Camas Ave, NW		
City Palm Bay	State FL	Zip 32907-8089	City Palm Bay	State FL	Zip 32907-8089
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John A. McGowan			Director Name Emily McGowan		
Street Address 1211 Camas Ave, NW			Street Address 1211 Camas Ave, NW		
City Palm Bay	State FL	Zip 32907-8089	City Palm Bay	State FL	Zip 32907-8089
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	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 John A. McGowan President				Date 1/02/2017	
Signature of Authorized Representative <i>John A. McGowan</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
AUG 24 2017
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 FORM 630 - Revised: 02/2017