



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 11 2019
 3:11 PM

BY 0437

Annual Report for the year: 2019 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 45408		2. Exact name of the Corporation E.M.T. REALTY, INC.			
3. Principal Office Address 112 Tupelo Street			City Bristol	State RI	Zip 02809
4. NAICS Code 531120		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 Steven K. Thurston			Vice-President Name Neil Thurston		
Street Address 9 Tall Pines Drive			Street Address 112 Tupelo Street		
Cit Barrington	State RI	Zip 02806	Cit Barrington	State RI	Zip 02806
Secretary Name Steven K. Thurston			Treasurer Name Steven K. Thurston		
Street Address 9 Tall Pines Drive			Street Address 9 Tall Pines Drive		
Cit Barrington	State RI	Zip 02806	Cit Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven K. Thurston			Director Name None		
Street Address 9 Tall Pines Drive			Street Address		
Cit Barrington	State RI	Zip 02806	Cit	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
Cit	State	Zip	Cit	State	Zip
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 Value
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 Steven K. Thurston, President					Date 1-10-19
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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