RI SOS Filing Number: 202032715280 Date: 1/15/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

→ Filing period. January 1 - March 1

→ Filing Fee: \$50.00

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

	FILED	FII FN	
	> STAMP		
	JAN 1 5 2020 (JAN 1 5 2020	
~u~	(040)	60407	
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Entity ID Number	2. Exact name	of the Corporation)				
9134	E & E Rea						
3. Principal Office Address			City		State	Zıp	
8 Appleseed Drive			Greenville		RI	02828	
4. NAICS Code	6. Brief descrip	6. Brief description of the character of business conducted in Rhode Island					
531110	Real Estate						
5. State of Incorporation						•	
Rhode Island							
7. List ALL officers (names ar	nd addresses)				the box to in	dicate an attachment 🔲	
President Name Stephen E. Hopkins			Vice-President	Name			
Street Address 8 Appleseed I	Street Address	Street Address					
City Greenville	State RI	Zip 02828	City	City		Zıp	
Secretary Name Catherine Hopkins			Treasurer Nam	Treasurer Name Thomas Hopkins			
Street Address 8 Appleseed Drive			Street Address 5-7 Chopmist Hill Road				
^{C.ty} Greenville	State RI	Zιρ 02828	City Chepachet S		State RI	Z ₁ p 02814	
8. List ALL directors (names	and addresses)					ndicate an attachment 🔲	
Director Name Stephen E. Hopkins			Director Name Catherine Hopkins				
Street Address 8 Appleseed Drive			Street Address 8 Appleseed Drive				
City Greenville	State RI	Zip 02828	City Greenville		State RI	Zip 02828	
Director Name Thomas Hopl	<u>-</u>	Director Name					
Street Address 5-7 Chopmist	Hill Road		Street Address				
City Chepachet	State RI	^{Zip} 02814	City		State	Ζιρ	
9. Shares Authorized		10. Shares Is					
This information is currently of record in the			AUMBER OF SHARES		<u> </u>	PAR VALUE	
Department of State.		600	600		Common		
Changes require an additiona	l filing.						
11. This report must be exec	cuted on behalf of the	corporation by an	authorized repres	sentative. If the corp	oration is in	the hands of a receiver or	
trustee, this report must be a	executed on behalf of	the corporation by	the receiver or tr	ustee.		<u> </u>	
Under penalty of perjury, I statements, and that all st				nciuding any acco	mpanying s	CHEGGIES AND	
Name of Authorized Repres					Date /	1	
Stephen E. Hopkins					1/	11/2020	
Signature of Authorized Rep	oresentative Hopshin	SIGN DO	DOUMENT HERE		4x	,	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.rr.gov