



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

FILED

JAN 15 2020

STAMP

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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.

1. Entity ID Number 9134		2. Exact name of the Corporation E & E Realty Co.			
3. Principal Office Address 8 Appleseed Drive			City Greenville	State RI	Zip 02828
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen E. Hopkins			Vice-President Name		
Street Address 8 Appleseed Drive			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name Catherine Hopkins			Treasurer Name Thomas Hopkins		
Street Address 8 Appleseed Drive			Street Address 5-7 Chopmist Hill Road		
City Greenville	State RI	Zip 02828	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Hopkins			Director Name		
Street Address 5-7 Chopmist Hill Road			Street Address		
City Chepachet	State RI	Zip 02814	City	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
		600		Common	0
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 Stephen E. Hopkins					Date 1/11/2020
Signature of Authorized Representative <i>Stephen E. Hopkins</i>					SIGN DOCUMENT HERE

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