



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

JAN 21 2020

STAMP

BY

0444

OK

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 Rhode Island														
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											
City Barrington	State RI	Zip 02806	City 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											
City Barrington	State RI	Zip 02806	City 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											
City Barrington	State RI	Zip 02806	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
			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					Date									
Signature of Authorized Representative					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