



State of Rhode Island

## Department of State - Business Services Division

**FILED**

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.

OCT 20 2020

BY

2009

1. Entity ID Number 010404		2. Exact name of the Corporation E & K ENTERPRISES, INC.												
3. Principal Office Address 42 SANDERSON ROAD			City SMITHFIELD	State RI	Zip 02917									
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island LESSOR OF COMMERCIAL REAL ESTATE.												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name KENNETH BEAUMIER			Vice-President Name CAROL BEAUMIER											
Street Address 38 SANDERSON ROAD			Street Address 38 SANDERSON ROAD											
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917									
Secretary Name CAROL BEAUMIER			Treasurer Name KENNETH BEAUMIER											
Street Address 38 SANDERSON ROAD			Street Address 38 SANDERSON ROAD											
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name NONE			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<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</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
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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 KENNETH BEAUMIER				Date 10-14-20										
Signature of Authorized Representative 														