Department of State - Business Services Division

Annual Report for the year: 2021

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
FEB 04 2021
BY

1. Entity ID Number	2. Exact name of the Corporation
000002643	Pine River Associates, Inc

3. Principal Office Address	City	State	Zip
1311 Middle Road	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531190	Owning, buying, selling,renting,dealing in Real Estate, selling appliances & equipment
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Patricia B Ellis			Vice-President Name: Charles E Ellis, III		
Street Address: 1311 Middle Road			Street Address: PO Box 61		
City: East Greenwich	State: RI	Zip: 02818	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Susan E Ellis			Treasurer Name: Charles E Ellis, Jr		
Street Address: PO Box 61			Street Address: 1311 Middle Road		
City: North Kingstown	State: RI	Zip: 02852	City: East Greenwich	State: RI	Zip: 02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Patricia B Ellis			Director Name: Charles E Ellis,III		
Street Address: 1311 Middle Road			Street Address: PO Box 61		
City: East Greenwich	State: RI	Zip: 02818	City: North Kingstown	State: RI	Zip: 02852
Director Name: Charles E Ellis, Jr			Director Name: Susan E Ellis		
Street Address: 1311 Middle Road			Street Address: PO Box 61		
City: East Greenwich	State: RI	Zip: 02818	City: North Kingstown	State: RI	Zip: 02852

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	commom	none

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	Date
Susan E Ellis	1-30-21

Signature of Authorized Representative: Susan E Ellis

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