

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

MAR 0.5 2021

STAMP

Annual Report for the year: 202/

Corporation → Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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Entity ID Number	2. Exact name	of the Corporation	١						
9134	E & E Rea	E & E Realty Co.							
3. Principal Office Address			City		State	Zip			
8 Appleseed Drive			Greenville		RI	02828			
4. NAICS Code	6. Brief descri	Brief description of the character of business conducted in Rhode Island							
531110	Real Estate	Real Estate							
5. State of Incorporation		~							
Rhode Island									
7. List ALL officers (names an	d addresses)			Check	the box to ind	icate an attachment 🗆			
President Name Stephen E. H	Vice-President Name								
Street Address 8 Appleseed D	Street Address								
^{Cily} Greenville	State RI	Zip 02828	City	City		Zip			
Secretary Name Catherine Ho	Treasurer Name Thomas Hopkins								
Street Address 8 Appleseed D	Street Address 5-7 Chopmist Hill Road								
City Greenville	State RI	Z1P 02828	City Chepachet		State RI	Zip 02814			
8. List ALL directors (names a	and addresses)			Check	the box to inc	licate an attachment 🗌			
Director Name Stephen E. Ho		Director Name Catherine Hopkins							
Street Andress 8 Appleseed I	Street Address	Street Address 8 Appleseed Drive							
City Greenville	State RI	^{Zip} 02828	City Greenville		State RI	^{Zip} 02828			
Director Name Thomas Hopk	Director Name	Director Name							
Street Address 5-7 Chopmist	Street Address								
City Chepachet			City		State	Zıp			
City Chepachet State RI Zip 02814 9. Shares Authorized 10. Snares									
This information is currently o	f record in the	NUMBER C	NUMBER OF SHARES		£S	PAR VALUE			
Department of State.		600	600			0			
Changes require an additional	l filing.								
11. This report must be exec	uted on behalf of the	corporation by an	authorized repre	sentative. If the corp	poration is in th	e hands of a receiver o			
trustee, this report must be e	executed on behalf of	the corporation by	the receiver or t	rustee.					
Under penalty of perjury, I	declare and affirm t	hat I have examii	ned this report, i	including any acco	impanying sc	nequies and			
statements, and that all sta Name of Authorized Represe	entative	nerem are true d	ing correct.		Date ,	/			
Stephen E. Hopkins				3/3/2021					
Signature of Authorized Rep	resentative	SIGN DO	OCUMENT 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