



State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY -7 PM 4:04

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 001070264		2. Exact name of the Corporation EMRYKA, INC			
3. Principal Office Address 150 FENNER HILL RD		City HOPE VALLEY	State RI	Zip 02832	
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island MAINTENANCE, REPAIR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDYNA RODRIGUEZ			Vice-President Name JOEL RODRIGUEZ		
Street Address 26 WILLIAMS CROSSING RD			Street Address 26 WILLIAMS CROSSING RD		
City COVENTRY	State RI	Zip 02827	City COVENTRY	State RI	Zip 02827
Secretary Name EDYNA RODRIGUEZ			Treasurer Name JOEL RODRIGUEZ		
Street Address 26 WILLIAMS CROSSING RD			Street Address 26 WILLIAMS CROSSING RD		
City COVENTRY	State RI	Zip 02827	City COVENTRY	State RI	Zip 02827
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
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 <input type="checkbox"/>		
			NUMBER OF SHARES 0	CLASS/SERIES CNP	PAR VALUE \$0,0000
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. <i>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.</i>					
Name of Authorized Representative EDYNA RODRIGUEZ				Date 5-6-21	
Signature of Authorized Representative 					

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

FILED

MAY 07 2021

KL YFMJM

4:06