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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
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	2. Exact name of the Corporation			
001070264	EMRYKA, INC			
3. Principal Office Address		City	State	Zip
150 FENNER HILL RD		HOPE VALLEY	RI	02832
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238990	MAINTENANCE, REPAIR			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
EDYNA RODRIGUEZ			JOEL RODRIGUEZ		
Street Address			Street Address		
26 WILLIAMS CROSSING RD			26 WILLIAMS CROSSING RD		
City	State	Zip	City	State	Zip
COVENTRI	RI	02827	COVENTRY	RI	02827
Secretary Name			**Treasurer Name**		
EDYNA RODRIGUEZ			JOEL RODRIGUEZ		
Street Address			Street Address		
26 WILLIAMS CROSSING RD			26 WILLIAMS CROSSING RD		
City	State	Zip	City	State	Zip
COVENTRY	RI	02827	COVENTRY	RI	02827

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

Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
NONE			NONE		
City	State	Zip	City	State	Zip
NONE	NONE	NONE	NONE	NONE	NONE
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
NONE			NONE		
City	State	Zip	City	State	Zip
NONE	NONE	NONE	NONE	NONE	NONE

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	0	CNP	$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.

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
EDYNA RODRIGUEZ	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
KLYFMJM
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FORM 630 - Revised: 08/2020