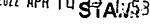
RI SOS Filing Number: 202215515340 Date: 4/14/2022 4:00:00 PM

Department of State - Business Services Division

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BUS SVCS DIV

2022 APR 14 57 ALV53



nnual Report for the year:	2022
ornoration	

State of Rhode Island

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
109465	E - O,Inc							
3. Principal Office Address			City	City		Zip		
521 Roosevelt Ave			Central fa	alls	RI	02863		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
53	To engage in the businese of real estate investment							
5. State of Incorporation	7							
Rhode Island								
7. List ALL officers (names and ac	ddresses)			Check	the box to it	ndicate an attachment		
President Name Louis Yip			Vice-President Name Tze Ping Ng					
Street Address 71 Wingate Rd			Street Address 76 Middle Rd					
^{City} Providence	State RI	^{Zip} o2906	City East Greenwich		State RI	^{Zip} 02818		
ecretary Name Louis Yip			Treasurer Name Tze Ping Ng					
Street Address 71 Wingate Rd			Street Address Middle Rd					
^{City} Providence	State RI	^{Zip} 02906	City East Greenwich		State RI	^{Zip} 02818		
8. List ALL directors (names and	addresses)	<u>.</u>		Check	the box to i	ndicate an attachment 🔲		
Director Name	_		Director Name)				
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Shares Authorized 10. Shares Issu								
This information is currently of record in the Department of State.		NUMBER OF	SHARES	CLASS/SERIES		No Par		
Changes require an additional filing.		000	600		Common			
41. This report must be suited			- We		A' !- !- !			
 This report must be executed trustee, this report must be execu- 					oration is in t	the hands of a receiver of		
Under penalty of perjury, I decl	are and affirm	that I have examin	ed this report, i		npanying s	chedules and		
statements, and that all statem Name of Authorized Representati		nerein are true an	a correct.		Date			
Louis Yip				3/15/22				
Signature of Authorized Represe	ntative			<u>tireo</u>	1			
Λ,				A				
	ASS 14 2072							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021