



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV2022 APR 14 **STAN 53**R.I.
SECRETARY OF STATE
OFFICE

1. Entity ID Number 109465		2. Exact name of the Corporation E - O, Inc												
3. Principal Office Address 521 Roosevelt Ave			City Central falls	State RI	Zip 02863									
4. NAICS Code 53		6. Brief description of the character of business conducted in Rhode Island To engage in the business of real estate investment												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 02906	City East Greenwich	State RI	Zip 02818									
Secretary 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) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	Common	No Par			
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600	Common	No Par												
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 Louis Yip				Date 3/15/22										
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

APR 14 2022
FILED
BY **JOFFET**
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FORM 630 - Revised: 11/2021