RI SOS Filing Number: 202221884870 Date: 8/1/2022 4:00:00 PM

State of Rhode Island	d						
Annual Report for the year: 2022  Corporation			Division	11 11	2 8 2022	<b>S</b> ≈ 2 <b>H</b>	
			JUL 2 8 2022 [143]				
<ul> <li>→ Filing period: February</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25</li> </ul>							
1. Entity ID Number 33710		2. Exact name of the Corporation E & V Realty Co., Inc.					
Principal Office Address	•		City		State	Zıp	
41 Comstock Parkway		Cranston		RI	02921		
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Is					
531390	Buying, s	Buying, selling and leasing real estate.					
5. State of Incorporation							
Rhode Island	ļ						
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Frederick V. Vicario			Vice-President Name Paul M. Vicario				
Street Address 41 Comstock Parkway			Street Address 41 Comstock Parkway				
<sup>City</sup> Cranston	State RI	<sup>Z<sub>IP</sub></sup> 02921	City Cranston		State RI	<sup>Zip</sup> 02921	
Secretary Name Paul M. Vica	ario	·	Treasurer Nan	<sup>ne</sup> Frederick V. Vio	cario		
Street Address 41 Comstock Parkway			Street Address	Street Address 41 Comstock Parkway			
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02921	City Cranston		State RI	<sup>Zip</sup> 02921	
8. List ALL directors (names a	nd addresses)	· · · · · · · · · · · · · · · · · · ·			the box to inc	licate an attachment 🔲	
Director Name Frederick V.	Vicario		Director Name	<b>!</b>			
Street Address 41 Comstock	Parkway	,	Street Address	5			
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02921	City		State	Zip	
Director Name			Director Name	Director Name			
Street Address			Street Address				
City	State	Z:p	City		State	Žip	
9. Shares Authorized		10. Shares Iss		Check	the box to inc	licate an attachment 🔲	
This information is currently of Department of State.	record in the	r :==:::=		SHARES CLASS/SERIES			
Changes require an additional filing.		150 ′	150 ′		Common No		
AA This	A - d b - b - 16 - 6 Ab -		. N			- h d	
<ol> <li>This report must be executrustee, this report must be ex</li> </ol>	ecuted on behalf of	the corporation by	the receiver or tr	rustee.			
Under penalty of perjury, I d statements, and that all stat	tements contained			ncluding any accom			
Name of Authorized Represer Frederick V. Vicario	itative $\sqrt{f}$	lun			Date 7-0	マクーン	

MAIL TO:

Division of Business Services

Signature of Authorized Representative

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

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