



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

JAN 31 2023
BY Y80
FJ

- 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 45408 | | 2. Exact name of the Corporation E.M.T. REALTY, INC. | | | |
| 3. Principal Office Address 112 Tupelo Street | | City Bristol | State RI | Zip 02809 | |
| 4. NAICS Code 531120 | | 6. Brief description of the character of business conducted in Rhode Island Real estate | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Steven K. Thurston | | Vice-President Name Neil Thurston | | | |
| Street Address 9 Tall Pines Drive | | Street Address 112 Tupelo Street | | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 |
| Secretary Name Steven K. Thurston | | Treasurer Name Steven K. Thurston | | | |
| Street Address 9 Tall Pines Drive | | Street Address 9 Tall Pines Drive | | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Steven K. Thurston | | Director Name None | | | |
| Street Address 9 Tall Pines Drive | | Street Address | | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| Director Name None | | Director Name None | | | |
| 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. | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 100 | Common | No Par Value | |
| 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 Steven K. Thurston | | | | Date 01-12-2023 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
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