



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2012
Corporation

RECEIVED STAMP
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2024 JAN 10 A 11:47

- 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 00062690 | | 2. Exact name of the Corporation M.K.E. Inc. | | | |
| 3. Principal Office Address 147 Grandview Avenue | | | City Lincoln | State RI | Zip 02865 |
| 4. NAICS Code 531120 | | 6. Brief description of the character of business conducted in Rhode Island Property Rental | | | |
| 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 Andrew E. Esposito | | | Vice-President Name | | |
| Street Address 147 Grandview Avenue | | | Street Address | | |
| City Lincoln | State RI | Zip 02865 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name Andrew E. Esposito | | | Director Name | | |
| Street Address 147 Grandview Avenue | | | Street Address | | |
| City Lincoln | State RI | Zip 02865 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 1000 | | STK | 0.00 |
| | | | | | |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative | | | | | Date |
| 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

JAN 10 2024 11:49

BY ACQFW
 AR