· RI SOS Filing	Number: 20	2445133020	Date: 1/3	1/2024 4:00:00 F	PM		
State of Rhode Island Department of Sta	4. D				_		
met.		s Services D	livision			*** *	
Annual Report for the year: 2024				FILED State of			
Corporation			-	IAN O T 2024			
→ Filing period [.] February 1 - May 1 → Filing Fee: \$50.00				JAN 31 2024			
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.			BY DUX				
1. Entity ID Number	2. Exact name	xact name of the Corporation					
45408	E.M.T. RE	EALTY, INC	•				
3. Principal Office Address			City		State	Zip	
112 Tupelo Street			Bristol		RI	02809	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island Roal costoto						
5. State of Incorporation	Real estate						
RI							
7. List ALL officers (names and add	iresses)		Nico Brosidast	Check to	he box to in	ndicate an attachment 🗆	
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 Barring		State RI	^{Zip} 02806	
Secretary Name Steven K. Thurst	ton		Treasurer Nam	Steven K. Thurs	ton		
Areet Address 9 Tall Pines Drive			Street Address	Street Address 9 Tall Pines Drive			
City Barrington	State RI	^{Zip} 02806	City Barrington		State RI	^{Zip} 02806	
8. List ALL directors (names and ad	ddresses)		Dispetes Name	Check t	he box to i	ndicate an attachment 🔲	
Director Name Steven K. Thurston			Director Name None				
Street Address 9 Tall Pines Drive	2		Street Address	3			
Barrington	State RI	^{Zip} 02806	City		State	Zıp	
Director Name None			Director Name None				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issued		Check t	Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		100		CLASS/SERIES		No Par Value	
				Common			
44 TI	-						
 This report must be executed o trustee, this report must be execute 	n behalf of the co ed on behalf of th	orporation by an au e corporation by the	uthorized repres he receiver or tri	sentative. If the corpor ustee.	ation is in t	the hands of a receiver or	
Under penalty of perjury, I declar	re and affirm the	it i have examine	d this report, ii	ncluding any accom	panying s	chedules and	
<u>statements, and that all stateme</u> Name of Authorized Representative	e e	erein are true and	COTTECT.		Date		
Steven K. Thurston			01.	222024			
Signature of Authorized Represent	/				•		
X //unito	<u> </u>				_ ·		

MAIL TO: Division of Business Services 148 W. River Street. Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov