



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 14 2024

BY 1249  
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1. Entity ID Number <b>531964</b>		2. Exact name of the Corporation <b>EBEAR ENTERPRISES, INC.</b>					
3. Principal Office Address <b>33 Haile Street</b>			City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>		
4. NAICS Code <b>811490</b>		6. Brief description of the character of business conducted in Rhode Island <b>Yacht Repair and marine services; personal and household goods, repair and maintenance</b>					
5. State of Incorporation <b>RI</b>							
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>Amy E. H. Murphy</b>			Vice-President Name <b>James V. Murphy</b>				
Street Address <b>33 Haile Street</b>			Street Address <b>33 Haile Street</b>				
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>		
Secretary Name <b>Amy E. H. Murphy</b>			Treasurer Name <b>James V. Murphy</b>				
Street Address <b>33 Haile Street</b>			Street Address <b>33 Haile Street</b>				
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>		
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>Amy E. H. Murphy</b>			Director Name <b>James V. Murphy</b>				
Street Address <b>33 Haile Street</b>			Street Address <b>33 Haile Street</b>				
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>		
Director Name <b>None</b>			Director Name <b>None</b>				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized							
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		<b>100</b>		<b>Common</b>		<b>No Par Value</b>	
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. <b>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.</b>							
Name of Authorized Representative <b>Amy E. H. Murphy</b>				Date <b>1/13/2024</b>			
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