



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

Annual Report for the year: **2024**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

FEB 20 2024

BY

|   |  |   |  |                           |                     |
|---|--|---|--|---------------------------|---------------------|
| 1. Entity ID Number<br><b>1711956</b>   |  | 2. Exact name of the Corporation<br><b>R&amp;E Howes Properties, Inc.</b> |  |                           |                     |
| 3. Principal Office Address<br><b>60 Ocean State Drive</b>  |  |   | City<br><b>North Kingstown</b>   | State<br><b>RI</b>        | Zip<br><b>02852</b> |
| 4. NAICS Code<br><b>531120</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>BUYING, SELLING, OWING, LEASING AND DEALING IN REAL ESTATE</b> |   |  |                           |                     |
| 5. State of Incorporation<br><b>Rhode Island</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<br><b>Robert B. Howes, II</b>  |  |   | Vice-President Name<br><b>Robert B. Howes, II</b>  |                           |                     |
| Street Address<br><b>60 Ocean State Drive</b>   |  |   | Street Address<br><b>60 Ocean State Drive</b>  |                           |                     |
| City<br><b>North Kingstown</b>  | State<br><b>RI</b>   | Zip<br><b>02852</b>   | City<br><b>North Kingstown</b>   | State<br><b>RI</b>        | Zip<br><b>02852</b> |
| Secretary Name<br><b>Robert B. Howes, II</b>  |  |   | Treasurer Name<br><b>Robert B. Howes, II</b>   |                           |                     |
| Street Address<br><b>60 Ocean State Drive</b>   |  |   | Street Address<br><b>60 Ocean State Drive</b>  |                           |                     |
| City<br><b>North Kingstown</b>  | State<br><b>RI</b>   | Zip<br><b>02852</b>   | City<br><b>North Kingstown</b>   | State<br><b>RI</b>        | Zip<br><b>02852</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   |  |   | Director Name  |                           |                     |
| Street Address  |  |   | Street Address   |                           |                     |
| City  | State  | Zip   | City   | State                     | Zip                 |
| Director Name   |  |   | Director Name  |                           |                     |
| Street Address  |  |   | Street Address   |                           |                     |
| City  | State  | Zip   | City   | State                     | Zip                 |
| 9. Shares Authorized  |  |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span> |                           |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |  |   | NUMBER OF SHARES   |                           |                     |
|   |  |   | CLASS/SERIES   |                           | PAR VALUE           |
|   |  |   | <b>100</b>   | <b>Class A Voting</b>     | <b>none</b>         |
|   |  |   | <b>900</b>   | <b>Class B Non-voting</b> | <b>none</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<br><b>Robert B. Howes, II, President</b>  |  |   |  | Date<br><b>02/12/24</b>   |                     |
| Signature of Authorized Representative<br>  |  |   |  |                           |                     |