



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 22 2024

BY

2576

1. Entity ID Number 000002643		2. Exact name of the Corporation Pine River Associates, Inc			
3. Principal Office Address 1311 Middle Road		City East Greenwich		State RI	Zip 02818
4. NAICS Code 531190		6. Brief description of the character of business conducted in Rhode Island Owning, buying, selling, renting, dealing in Real Estate, selling appliances & equipment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Charles E. Ellis, Jr		Vice-President Name Charles E. Ellis, III			
Street Address 1311 Middle Road		Street Address PO Box 61			
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02852
Secretary Name Susan E Ellis		Treasurer Name Susan E Ellis			
Street Address PO Box 61		Street Address PO Box 61			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Charles E Ellis, Jr		Director Name Charles E Ellis, III			
Street Address 1311 Middle Road		Street Address PO Box 61			
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02852
Director Name Susan E Ellis		Director Name Susan E Ellis			
Street Address PO Box 61		Street Address PO Box 61			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment ☐					
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	none	
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 Susan E Ellis				Date 2-16-24	
Signature of Authorized Representative <i>Susan E. Ellis</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021