



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

MAR 29 2024

BY 1243 DS

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

1. Entity ID Number 9141		2. Exact name of the Corporation E. & F. ROB, INC.			
3. Principal Office Address 5 Day Street			City Johnston	State RI	Zip 02919
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Real Estate Holdings			
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 Kerry Lemieux			Vice-President Name None		
Street Address 5 Day Street			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Kerry Lemieux			Treasurer Name Kerry Lemieux		
Street Address 5 Day Street			Street Address 5 Day Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kerry Lemieux			Director Name		
Street Address 5 Day Street			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			100	common	no par value
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 Kerry Lemieux, President				Date 2.28.24	
Signature of Authorized Representative 					

MAIL TO:
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