



State of Rhode Island
Department of State - Business Services Division

APR 08 2024

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.

30915

1. Entity ID Number 000136819		2. Exact name of the Corporation EBC Investments, Inc.			
3. Principal Office Address 40 Patton Road		City East Providence		State RI	Zip 02916
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To purchase, sell, lease, transfer or otherwise own and convey real estate.			
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 Timothy P. Chaput			Vice-President Name		
Street Address 11 Kirkbrae Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Timothy P. Chaput			Treasurer Name Timothy P. Chaput		
Street Address 11 Kirkbrae Drive			Street Address 11 Kirkbrae Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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		CLASS/SERIES
			100		Common
					PAR VALUE
					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 Timothy P. Chaput					Date 3/21/24
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov