



State of Rhode Island

Department of State - Business Services Division

FIELD

Annual Report for the year:

2025

FEB 07 2025

BY 2101 LKS

Corporation

→ 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 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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	100	common	PAR VALUE
					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 2-4-2025
Signature of Authorized Representative Susan E Ellis					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

FORM 630 - Revised: 11/2