



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
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

MAR 04 2025

BY

1. Entity ID Number 45408		2. Exact name of the Corporation E.M.T. REALTY, INC.	
3. Principal Office Address 112 Tupelo Street		City Bristol	State RI
		Zip 02809	
4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island Real estate		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Steven K. Thurston		Vice-President Name Neil Thurston	
Street Address 9 Tall Pines Drive		Street Address 112 Tupelo Street	
City Barrington	State RI	City Barrington	State RI
	Zip 02806		Zip 02806
Secretary Name Steven K. Thurston		Treasurer Name Steven K. Thurston	
Street Address 9 Tall Pines Drive		Street Address 9 Tall Pines Drive	
City Barrington	State RI	City Barrington	State RI
	Zip 02806		Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Steven K. Thurston		Director Name None	
Street Address 9 Tall Pines Drive		Street Address	
City Barrington	State RI	City	State
	Zip 02806		Zip
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
	Zip		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/SERIFS
		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 Steven K. Thurston		Date 1.24.25	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov