



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

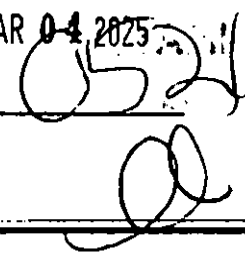
→ Filing period: February 1 - May 1

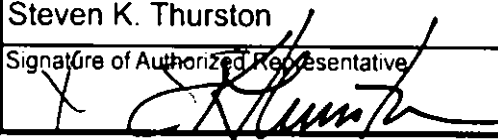
→ Filing Fee: \$50.00

→ 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 ☐					
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	Zip 02806	City Barrington	State RI	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	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Steven K. Thurston			Director Name None		
Street Address 9 Tall Pines Drive			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIFS 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 Steven K. Thurston				Date 1.24.25	
Signature of Authorized Representative 					

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