RI SOS Filing Number: 202566629110 Date: 3/4/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Div				,	FILE	O .	*	
Annual Report for the year: Corporation –			VISIOII	3 M/	IR 04	2025	0	
→ 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 2. Exact name of the Corporation								
000102095	EB Proprties, Inc.							
3. Principal Office Address			City	State Zip				
101 Beechwood Drive			Cranst	on	RI		02921	
4. NAICS Code	6. Brief description of the character of b			s conducted in Rhode Isla	nd			
531390	To buy, sell, own and/or operate real estate.							
5. State of Incorporation	1							
Rhode Island								
7. List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name Check the box to indicate an attachment Vice-President Name Check the box to indicate an attachment Vice-President Name								
Peter E Baziotis				Vice-President Name Silvia C Baziotis				
Street Address 101 Beechwood Drive			Street Address 101 Beechwood Drive					
^{City} Cranston	State RI	^{Zip} 02921	1	nston		RI	Zip 02921	
Secretary Name Silvia C Baziotis			Treasurer Name Peter E Baziotis					
Street Address 101 Beechwood Drive			Street Address 101 Beechwood Drive					
^{City} Cranston	State RI	^{Zip} 02921	Cranston		State RI		^{Z_{IP} 02921}	
8 List ALL directors (names and addresses) Check the box to indicate an attachment Director Name								
Director Name								
Street Address			Street Address					
City	State	Zip	City				Zip	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zıp	
9. Shares Authorized				Check the box	k to indi		BChment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.		8,000.00				\$0.0	-AR VALUE	
		0,000.00		CINE	Ψ0.0			
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 Date , ,								
Peter E Baziotis					2/24/2025			
Signature of Authorized Representative								
year paymer -								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov