



State of Rhode Island
Department of State - Business Services Division

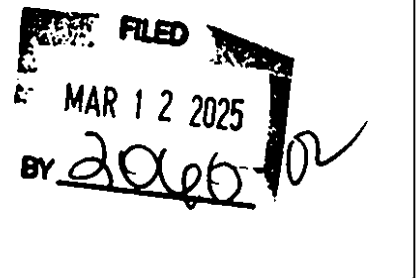
Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 000010404		2. Exact name of the Corporation E & K ENTERPRISES INC							
3. Principal Office Address 42 SANDERSON ROAD			City SMITHFIELD	State RI	Zip 02917				
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island LESSOR OF COMMERCIAL 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 KENNETH BEAUMIER			Vice-President Name CAROL BEAUMIER						
Street Address 38 SANDERSON ROAD			Street Address 38 SANDERSON ROAD						
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917				
Secretary Name CAROL BEAUMIER			Treasurer Name KENNETH BEAUMIER						
Street Address 38 SANDERSON ROAD			Street Address 38 SANDERSON ROAD						
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917				
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
Director Name NONE			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		PAR VALUE	
			100		COMMON		NO PAR		
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 KENNETH BEAUMIER							Date 3-7-25		
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: 12/2023