



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 65823		2. Name of Corporation E.N.F. BUSINESS ENTERPRISES, INC.	
3. Street Address Principal Business Office 1643 WARWICK AVENUE		City WARWICK	State RHODE ISLAND
4. Business Phone No. 401-738-4612		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Eileen Follett		Vice President Name MARK FOLLETT	
Street Address 31 Carpenter St.		Street Address 45 Merimac St Unit 21	
City Seekonk	State MA	Zip 02771	City Woburn
State MA	Zip 02771	City Woburn	State MA
City Seekonk	State MA	Zip 02771	City Woburn
State MA	Zip 02771	City Woburn	State MA
Secretary Name Eileen Follett		Treasurer Name Eileen Follett	
Street Address 31 Carpenter St.		Street Address 31 Carpenter st	
City Seekonk	State MA	Zip 02771	City Seekonk
State MA	Zip 02771	City Seekonk	State MA
City Seekonk	State MA	Zip 02771	City Seekonk
State MA	Zip 02771	City Seekonk	State MA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
City	State	Zip	City
State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000	NO PAR VALUE		
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
1,000	NO PAR VALUE		

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.

File Date **FILED**

Check No. **FEB 27 2008**

By: **4056**

FOR SECRETARY OF STATE USE ONLY

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.

Eileen Follett 26 Feb 2008
Signature Date

Eileen Follett
Print or Type Name

President
Title

Gateway Plaza
1643 Warwick Avenue
Warwick, RI 02889-1525
401.738.4612 Tel
401.732.6310 Fax



Additional Officer
Vice President
Janine Follett
31 Carpenter St
Seekonk, MA 02771

FILED

FEB 27 2008

By ~~ID#~~ 65823