



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 41986		2. Exact name of the Corporation THE ENTHUSIAST, INC.					
3. Principal office address 1417 Atwood Avenue				City Johnston	State RI	Zip 02919	
4. Business Phone No. (401) 943-1050				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Automotive Specialty Shop							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name RUSSELL RICO				Vice-President Name CYNTHIA RICO			
Street Address 1417 Atwood Avenue				Street Address 1417 Atwood Avenue			
City Johnston	State RI	Zip 02919		City Johnston	State RI	Zip 02919	
Secretary Name CYNTHIA RICO				Treasurer Name RUSSELL RICO			
Street Address 1417 Atwood Avenue				Street Address 1417 Atwood Avenue			
City Johnston	State RI	Zip 02919		City Johnston	State RI	Zip 02919	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name NONE				Director Name NONE			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name NONE				Director Name NONE			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				1,000	COMMON	NO PAR	

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 _____

Check No _____

By: _____

FILED

JAN 17 2013

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.

Russell J. Rico 1/16/2013
 Signature of Authorized Representative Date

RUSSELL RICO

Print or Type Name of Authorized Representative

By MMC
CA # 6183