RI SOS Filing Number: 201554624410 Date: 02/05/2015 4:00 PM

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 2015

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.	2. Exact name of the Corporation		
506380	Eileen Enterprises, Inc		
3. Principal office address: 40 Steeple Lane	City: Lincoln	State: R.I.	Zip: 02865
4. Business Phone No.: 401-578-3179	5. State of Incorporation: R.I.		
6. Brief description of the character of business conducted in Rhode Island: Title 7-1.2-1701 Odor Control and Hygiene and Sale of related products			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Paul A. Caccia			Vice-President Name: Eileen R. Caccia		
Street Address: 40 Steeple Lane			Street Address: 40 Steeple Lane		
City: Lincoln	State: R.I.	Zip: 02865	City: Lincoln	State: R.I.	Zip: 02865
Secretary Name: Eileen R. Caccia			Treasurer Name: Paul A. Caccia		
Street Address: 40 Steeple Lane			Street Address: 40 Steeple Lane		
City: Lincoln	State: R.I	Zip: 02865	City: Lincoln	State: R.I.	Zip: 02865

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Paul A. Caccia			Director Name: Eileen R. Caccia		
Street Address: 40 Steeple Lane			Street Address: 40 Steeple Lane		
City: Lincoln	State: R.I.	Zip: 02865	City: Lincoln	State: R.I.	Zip: 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

2015 FEB -5 AM 10:50 SECRETARY OF STATE CORPORATIONS DIV

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	C	.01

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:
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 05 2015
BY CR 241651

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.

Paul A Caccia 2-5-15
Signature of Authorized Representative — Date

Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
116841-1-1015802