

## 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 2016

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

1 Entity ID No. 1- (05/4)	2. Exact na Savoie	me of the Corporation Enterprises, Inc.		% - X	***	
3. Principal office address P.O. Box 1704			City New Shoreham	State <b>RI</b>	Zip <b>02807</b>	
i. Business Phone No.			5. State of Incorporation Rhode Island			
6. Brief description of the ch To perform plastering	aracter of busines	s conducted in Rhode Island e of goods				
7/UST/MUZOFRICERS (N	AMES AND ADDI	HESSES) (*XIMBOX FOR A	TYACHMENT)			
President Name  John T. Savoie			Vice-President Name Abra M. Savoie			
Street Address P.O. Box 86			Street Address P.O. Box 86			
City New Shoreham	State RI	Zip <b>02807</b>	City New Shoreham	State RI	Zip <b>02807</b>	
Secretary Name John T. Savoie			Treasurer Name Abra M. Savoie	•		
Street Address P.O. Box 86				Street Address P.O. Box 86		
City New Shoreham	State RI	Zip <b>02807</b>	City New Shoreham	State RI	Zip <b>02807</b>	
OLUSTALLIDEKSTORS (	NAMES AND AUT	DRESSES) ("X" BOX FOR	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			
Director Name John T. Savoie			Abra M. Savoie			
Street Address P.O. Box 86			Street Address P.O. Box 86			
City New Shoreham	State <b>RI</b>	Zip <b>02807</b>	City New Shoreham	State RI	Zip <b>02807</b>	
Director Name		•	Director Name	•		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUE	O ("X" BOX FOR ATTAC	HMENT)	
			NUMBER OF SHARES CLASS/SERIES PAR VALUE			
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. see Section 9 of instruction sheet.		1000		1.50		
This report must be execute		corporation by an authorize			ds of a receiver or trustee,	

File Date		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.		
	FILED	2 Th	5-31-16	
	LILL	Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONLY	ILIN 0 6 2016	John T. Savole		
Corn No. 620	JOH 0 0 1000	Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012