



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>65823</u>	2. Exact name of the Corporation <u>E.N.F. BUSINESS ENTERPRISES, INC</u>		
3. Principal Office Address <u>1643 WARWICK AVE</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
4. NAICS Code <u>44-45</u>	6. Brief description of the character of business conducted in Rhode Island <u>Retail packaging supplies Packaging and shipping</u>		
5. State of Incorporation <u>Rhode Island</u>			

7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Eileen Follett</u>				Vice-President Name <u>MARK Follett</u>			
Street Address <u>31 Carpenter St.</u>				Street Address <u>7 Sapling Circle APT 24</u>			
City <u>Seekonk</u>	State <u>MA</u>	Zip <u>02771</u>	City <u>NASHUA</u>	State <u>NH</u>	Zip <u>03062</u>		
Secretary Name <u>Eileen Follett</u>				Treasurer Name <u>Janine Follett</u>			
Street Address <u>31 Carpenter St</u>				Street Address <u>31 Carpenter St</u>			
City <u>Seekonk</u>	State <u>MA</u>	Zip <u>02771</u>	City <u>Seekonk</u>	State <u>MA</u>	Zip <u>02771</u>		

8. List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NA</u>				Director Name <u>NA</u>			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Director Name <u>NA</u>				Director Name <u>NA</u>			
Street Address				Street Address			
City	State	Zip	City	State	Zip		

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
	<u>100</u>	<u>Retail</u>	<u>\$1.00</u>			

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: Eileen Follett Date: 15 Feb 2017

Signature of Authorized Representative: Eileen Follett

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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