RI SOS Filing Number: 201856640640 Date: 1/23/2018 4:00:00 PM

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

Annual Report for the year: 2018
Corporation

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
2018 JAN 23 PM 2 20

1. Entity ID Number	2. Exact name of the Corporation			
506380	Eileen Enterprises, Inc.			
3. Principal Office Address		**City**	**State**	**Zip**
40 Steeple Lane		Lincoln	R.I.	02865
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**			
999999	Title 7-1.2-1701. Scent Marketing and Odor Control and Sale of related products			
5. State of Incorporation				
R.I.				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Paul A. Caccia	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	**Treasurer Name**
Olivia L. Caccia	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

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Paul A Caccia	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**
Olivia L. Caccia	Sadie F. 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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	C	0.01

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: Paul A Caccia — Date: 1-23-2018

Signature of Authorized Representative: Paul A Caccia

FILED
JAN 23 2018
BY 322461

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

FORM 630 - Revised: 08/2017