



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2019 JAN 11 AM 9:41

Annual Report for the year: 2019
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 000506380		2. Exact name of the Corporation Eileen Enterprises, Inc.			
3. Principal Office Address 40 Steeple Lane		City Lincoln		State RI	Zip 02865
4. NAICS Code 541613	6. Brief description of the character of business conducted in Rhode Island Scent Marketing Management Consulting Service				
5. State of Incorporation RHODE ISLAND	7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Paul A. Caccia			Vice-President Name Eileen R. Caccia		
Street Address 40 Steeple Lane			Street Address 40 Steeple Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Olivia L. Caccia			Treasurer Name Eileen R. Caccia		
Street Address 40 Steeple Lane			Street Address 40 Steeple Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul A. Caccia			Director Name Eileen R. Caccia		
Street Address 40 Steeple Lane			Street Address 40 Steeple Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name Olivia L. Caccia			Director Name Sadie F. Caccia		
Street Address 40 Steeple Lane			Street Address 40 Steeple Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	C	.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 1-10-2019	
Signature of Authorized Representative Paul A. Caccia				FILED SIGN DOCUMENT HERE JAN 11 2019	

BY: TCWCZ