

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25	5.00 fee if form is ne	ot filed by April 1.					
1. Entity ID Number 000097899		2. Exact name of the Corporation ENR, Inc.					
3. Principal Office Address 66 Chafee Street			City Providence	City Providence		Z <sub>1</sub> p 020909	
4. NAICS Code 531110		ription of the char E IN THE REAL I			Rhode Island	<u> </u>	
5. State of Incorporation Rhode Island						3	
7. List ALL officers (names ar	nd addresses)	•		-	Check the box to indica	ate an attachment	
President Name Jennifer Haw		Vice-President Name Robert McMahon					
Street Address 66 Chaffee Str	Street Addres	Street Address 66 Chaffee Street					
City Providence	State RI	Zıp <b>02909</b>	City Providence		State RI	<sup>Zıp</sup> 02909	
Secretary Name			Treasurer Na	Treasurer Name Ann Baccari			
Street Address			Street Addres	Street Address 66 Chaffee Street			
City	State	Zıp	City Providence		State RI	<sup>Zıp</sup> 02909	
8. List ALL directors (names a	and addresses)		<u>.                                    </u>		Check the box to indica	ate an attachment	
Director Name	Director Nam	Director Name					
Street Address	Street Addres	Street Address					
City	State	Zip	City		State	Zıp	
Director Name			Director Nam	Director Name			
Street Address			Street Addres	Street Address			
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares I	ssued		Check the box to indicate	ate an attachment [7]	
This information is currently of record in the			OF SHARES	ch	CLASS/SERIES PAR VALUE		
Department of State. Changes require an additional filing.		8,000.00	8,000.00		1,000		
11. This report must be executruition this report must be executruition.					he corporation is in the h	ands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I destatements, and that all sta	declare and affirm	that I have exam	ined this report,		y accompanying sched	dules and	
statements, and that all statements contained herein are true and corn Name of Authorized Representative					Date		
Jennifer Hawkins					07/20/2020		
Signature of Authorized Repr	esentative	SIGN D	OCUPENT HER	FILED			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.n.gov

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FORM 630 - Revised: 10/2017