RI SOS Filir	ng Number: 202193502	.060 Date: 3/1/2021 4:00:00	Date: 3/1/2021 4:00:00 PM			
State of Rhode Island Department of S	tate - Business Servic	es Division	erald GPRS			
Annual Report for the y Corporation	ear: 2021		MAR 0 1 2021 8V			
 → Filing period: January 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 						
Entity ID Number	2. Exact name of the Corpo	ration	,			
880	AMERICAN ENTERPRISE INC.					
Principal Office Address		City	State	Zip		
72 OREGON AVE		HO. PROVIDENCE	RI	02911		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island					
531110	REAL ESTATE AND REMTAL AND LEASING					
5. State of Incorporation	7					
RI						
7. List ALL officers (names and a	ddresses)		eck the box to indi	cate an attachment		
President Name JUSEPH F. ALONSIN	D	Vice-President Name	Vice-President Name			
Street Address つ2 OREGON AVE		Street Address				
NO. PROVIDENCE	State Zip 829 1	City	State	Zip		
Secretary Name		Treasurer Name JOSEPH F. ALOIS	Treasurer Name JOSEPH F. ALOISIN			

1 OVERALL HATE			i			
City NO. PROVIDENCE	State RI	2 p 29 11	City	State	Zip	
Secretary Name			Treasurer Name TOSEPH F. ALOISIN			
Street Address			Street Address 72 OREGON AVE			
City	State	Zip	MO. PROVIDENCE	State C_T	Zip OSG 11	
8. List ALL directors (names an	id addresses)		Che	ck the box to indi	cate an attachment	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
9. Shares Authorized			sued Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER O			PAR VALUE	
		809	ı.			
Changes require an additional fi	ling.					
11. This report must be execute	ed on behalf of the	corporation by an	authorized representative. If the co	rnoration is in the	hands of a receiver or	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

Signature of Authorized Representative

Name of Authorized Representative

MAIL TO: Division of Business Services

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

trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov Date