



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUL 28 11:25:52

1. Entity ID Number 1715864		2. Exact name of the Corporation Enlite RI, Inc.					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operate a compassion center, and provide education and health information.					
4. NAICS Code 813920 - Professional Organiz							
6. Principal Office Address One Park Row, 5th Floor				City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name None				Vice-President Name None			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Secretary Name None				Treasurer Name None			
Street Address				Street Address			
City		State	Zip	City		State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Leonard L. Lopes				Director Name Peter Picknelly			
Street Address One Park Row, 5th Floor				Street Address 56 Green Hill Ocean Drive			
City Providence		State RI	Zip 02903	City South Kingstown		State RI	Zip 02879
Director Name Mark Cutting				Director Name Nicholas Yee			
Street Address 28 Appleton Street				Street Address 41 Briarwood Drive			
City Holyoke		State MA	Zip 01040	City Holyoke		State MA	Zip 01040
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.							
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.							
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>							
Name of Officer/Authorized Representative Leonard L. Lopes						Date 07/27/2021	
Signature of Officer/Authorized Representative						FILED	

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

JUL 28 2021
 BY [Signature] TP 98D
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