



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 BUS SVCS

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1. Entity ID Number 000506380		2. Exact name of the Corporation Eileen Enterprises, Inc.,			
3. Principal Office Address 40 Steeple Lane			City Lincoln	State R.I.	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 R.I.	Zip 02865	City Lincoln	State R.I.	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 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 <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 R.I.	Zip 02865	City Lincoln	State R.I.	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 R.I.	Zip 02865	City Lincoln	State R.I.	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 1-20-2023	
Signature of Authorized Representative <i>Paul A. Caccia</i>				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

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