



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2014**  
Corporation

517

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
R.I. DEPT. OF STATE  
BUSINESS SERVICES DIVISION

2015 JAN 25 4 11:50

1. Entity ID Number <b>000142895</b>		2. Exact name of the Corporation <b>NIGHTSTAR ENTERPRISES INC</b>			
3. Principal Office Address 161 RIVER AVE		City PROVIDENCE		State RI	Zip 02908
4. NAICS Code 142895	6. Brief description of the character of business conducted in Rhode Island AROMA THERAPY WITH THE USE AND SALE OF OILS.				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name LILIANA OSORIO			Vice-President Name		
Street Address 163 RIVER AVE			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES      CLASS/SERIES      PAR VALUE			
		0      CNP      0			
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. <b>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.</b>					
Name of Authorized Representative LILIANA OSORIO				Date 05/15/2021	
Signature of Authorized Representative <i>Liliana Osorio</i>					

FILED

JAN 25 2023  
BY ML UXGE  
11:56