



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2012**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

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R.I. DEPT. OF STATE
BUS SERVICES

2023 JUN 25 AM 11:50

1. Entity ID Number 000142895		2. Exact name of the Corporation NIGHTSTAR ENTERPRISES INC			
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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LILIANA OSORIO			Vice-President Name		
Street Address 163 RIVER AVE			Street Address		
City PROVIDENCE		State RI	Zip 02908	City	State
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	State
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	State
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/SERIS		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. 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 LILIANA OSORIO				Date 05/15/2021	
Signature of Authorized Representative <i>Liliana Osorio</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

JAN 25 2023
 BY ML LSXQE
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