



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.

JUL 12 2023

2505

1. Entity ID Number 97595		2. Exact name of the Corporation ENJ, Inc.			
3. Principal Office Address 20 J Medeiros Way		City East Providence		State RI	Zip 02914
4. NAICS Code 531190		6. Brief description of the character of business conducted in Rhode Island TO PURCHASE AND HOLD REAL ESTATE			
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 John M. Medeiros		Vice-President Name John M. Medeiros			
Street Address 20 J Medeiros Way		Street Address 20 J Medeiros Way			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name John M. Medeiros		Treasurer Name John M. Medeiros			
Street Address 20 J Medeiros Way		Street Address 20 J Medeiros Way			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name John M. Medeiros		Director Name			
Street Address 20 J Medeiros Way		Street Address			
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	NO PAR	
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. <i>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>					
Name of Authorized Representative JOHN M. MEDEIROS				Date 6/27/23	
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov