



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 JUN 20 AM 10:02:40

1. Entity ID Number 000509865		2. Exact name of the Corporation ENES COURIER SERVICE INC	
3. Principal Office Address 2067 MINERAL SPRING AVE		City NORTH PROVIDENCE	State RI
		Zip 02911	
4. NAICS Code 492110	6. Brief description of the character of business conducted in Rhode Island COURIER SERVICE		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name LEONEL ENES		Vice-President Name LEONEL ENES	
Street Address 128 ENGLEWOOD AVENUE		Street Address 128 ENGLEWOOD AVENUE	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
Secretary Name LEONEL ENES		Treasurer Name LEONEL ENES	
Street Address 128 ENGLEWOOD AVENUE		Street Address 128 ENGLEWOOD AVENUE	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name LEONEL ENES		Director Name	
Street Address 128 ENGLEWOOD AVENUE		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02860		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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
		1000	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. 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 LEONEL ENES		Date 06/18/2024	
Signature of Authorized Representative 		FILED 1004 JUN 20 2024 BY KZNGE	

MAIL TO:

Division of Business Services

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