



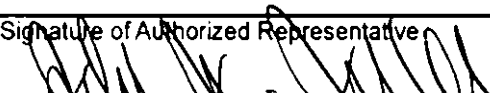
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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
 17 JUL 17 PM 1:38:28

1. Entity ID Number 000097595		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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN M MEDEIROS			Vice-President Name		
Street Address 20 J. MEDEIROS WAY			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
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) Check the box to indicate an attachment <input type="checkbox"/>					
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		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		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 JOHN M. MEDEIROS				Date 07/17/2024	
Signature of Authorized Representative 				FILED JUL 17 2024 BY 2547 FS	