



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 23 2025

BY

2899  
EG

1. Entity ID Number 000650860		2. Exact name of the Corporation Ara Enterprises, Inc.												
3. Principal Office Address 7 Maplecrest Drive			City Greenville	State RI	Zip 02828									
4. NAICS Code 549904		6. Brief description of the character of business conducted in Rhode Island Market and Deli												
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 Sonya Janigian			Vice-President Name Ara Janigian											
Street Address 7 Maplecrest Drive			Street Address 7 Maplecrest Drive											
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828									
Secretary Name NONE			Treasurer Name NONE											
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 NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUT.</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUT.	600	CNP	0.00			
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600	CNP	0.00												
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 Sonya Janigian				Date 1/20/2025										
Signature of Authorized Representative														

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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Website: www.sos.ri.gov