						Ni zo			
	State of Rhode Island Department of State - Business Services Division						# <u>C.</u>		
Annual Report for the year: 2025 Corporation							- 200S		
→ Filir → Filir	ng period: February 1 - ng Fee. \$50.00 alty: Additional \$25.00 f		îled by May 31.) RIDOS 8SD V 29 AKS:28:44		
1. Entity (11603	ID Number	2. Exact name of	of the Corporation		ENTER, INC.				
	oal Office Address	LIVINA	- CINOL OF C	City	ENTER, INC.	State	Zip		
281 Meadow Lane				Middletown		RI	02842		
4. NAICS	Code	6. Brief descripti	on of the charact	er of busine:	ss conducted in Rhod	e Island			
531110 Real Estat			!						
	of Incorporation e Island								
7 List AL	L officers (names and add	dresses)		I.e. o		box to indica	ate an attachment 🗆		
President Name Barbara J. Bogosian				Vice-President Name James Bogosian, Jr.					
Street Address 281 Meadow Lane				Street Address 281 Meadow Lane					
City Mid	dletown	State RI	^{Zip} 02842	City Mid	dletown	State F	RI 02842		
Secretary Name James Bogosian, Jr.				Treasurer Name Kimberly Pereira					
Street Address 281 Meadow Lane				Street Address 281 Meadow Lane					
City Mid	Middletown State RI		^{Zıp} 02842	City Middletown		State R	Zip 02842		
	L directors (names and a	ddresses)	<u> </u>			box to indica	ate an attachment 🗌		
Director Name None				Director Name None					
Street Add	dress			Street Add	ress				
City	-,	State	Zıp	City		State	Zip		
Director Name None				Director Name None					
Street Address				Street Address					
City		State	Zıp	Čitý	·	State	Zıp		
	s Authorized	· · · · · · · · · · · · · · · · · · ·	10. Shares Issu				cate an attachment		
This information is currently of record in the Department of State.		rd in the	1,000		Common Common		No Par		
Changes require an additional filing.			1,000		Common				
11 This	report must be executed o	in hehalf of the co	moration by an a	uthorized re-	presentative if the ac-	rogration is in	the hande of a re		
ceiver or	trustee, this report must b	e executed on be	half of the corpor	ation by the	receiver or trustee.				
Under of	enalty of periury. I decla	re and affirm tha	t i have examine	d this reno	rt including any acc	ompanying	schedules and		

statements, and that all statements contained herein are true and correct.

Name of Authorized Representative

Barbara J. Bogosian Signature of Authorized Representative

MAIL TO:

Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov