



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.

REC'D R.2025 B.S.D.  
FEB 11 10:56:00

1. Entity ID Number 000041986		2. Exact name of the Corporation THE ENTHUSIAST, INC.			
3. Principal Office Address 1417 Atwood Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 441310	6. Brief description of the character of business conducted in Rhode Island Automotive Specialty Shop				
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 RUSSELL RICO			Vice-President Name CYNTHIA RICO		
Street Address 1417 Atwood Avenue			Street Address 1417 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name CYNTHIA RICO			Treasurer Name RUSSELL RICO		
Street Address 1417 Atwood Avenue			Street Address 1417 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 <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		CLASS/SERIALS	
		NUMBER OF SHARES		PAR VALUE	
		1,000	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. <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 RUSSELL RICO					Date 01/17/2025
Signature of Authorized Representative 					

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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FORM 630- Revised: 12/2023