RI SOS Filing Number: 202046654870 Date: 7/27/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25	5.00 fee if form is no	ot filed by April 1.					
1. Entity ID Number 000097899		2. Exact name of the Corporation ENR, Inc.					
3. Principal Office Address  66 Chafee Street			City Providence	. <u>.</u>	State RI	Zip 020909	
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE REAL ESTATE BUSINESS					
5. State of Incorporation Rhode Island							
7. List ALL officers (names ar	nd addresses)			Che	ck the box to indic	cate an attachment	
President Name  Jennifer Haw	Vice-President Name Robert McMahon						
Street Address 66 Chaffee Str	Street Address 66 Chaffee Street						
City Providence	State RI	Zıp <b>02909</b>	City Providence		State RI	<sup>Zıp</sup> 02909	
Secretary Name		<del>_</del> _	Treasurer Name Ann Baccari				
Street Address	Street Address 66 Chaffee Street						
City	State	Zıp	City Providen	ıce	State RI	<sup>Zıp</sup> 02909	
8. List ALL directors (names a	and addresses)			Che	ck the box to indi	cate an attachment	
Director Name			Director Name	-		• •	
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<u>.</u>	State	Zıp	
9. Shares Authorized 1		10. Shares Iss	10. Shares Issued C		Check the box to indicate an attachment		
This information is currently of record in the Department of State.  Changes require an additional filling.		NUMBER OF SHARES			CLASS/SERIES PAR VALUE		
		8,000.00			1,000		
		<del></del>		<del> </del>			
11. This report must be executrustee, this report must be ex	uted on behalf of the	corporation by an	authorized represe	entative. If the co	rporation is in the	hands of a receiver or	
Under penalty of perjury, I d	declare and affirm	that I have examin	ed this report, in		ompanying sche	dules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date		
Jennifer Hawkins					07/20/2020		
Signature of Authorized Repr	esentative	SIGN DO	CUPENT HERE	FILED			
C/A/	7-2		11.11	9 7 2020			
1/ Y			201	- 2 1 2020			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.n.gov

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