



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2023  
 Corporation \_\_\_\_\_

**STAMP**

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

FOR  
 THE STATE  
 ONLY  
**RECEIVED**  
 R.I. DEPT. OF STATE  
 BUSINESS DIVISION

1. Entry ID Number <b>000119912</b>		2. Exact name of the Corporation <b>Enterprise Associates in Real Estate, Inc.</b>	
3. Principal Office Address <b>1414 Atwood Avenue</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
4. NAICS Code <b>531390</b>	6. Brief description of the character of business conducted in Rhode Island <b>Ownership and Development of Real Estate</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Kelly M. Coates</b>		Vice-President Name <b>Sheryl Carpionato</b>	
Street Address <b>1414 Atwood Avenue</b>		Street Address <b>1414 Atwood Avenue</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
Secretary Name <b>Angelo Marocco, Esq</b>		Treasurer Name <b>Kelly M. Coates</b>	
Street Address <b>1200 Reservoir Avenue</b>		Street Address <b>1414 Atwood Avenue</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02919</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>100</b>	<b>Common</b>
			<b>No Par Value</b>
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 <b>Kelly Coates</b>		Date <b>1/30/2023</b>	
Signature of Authorized Representative <i>Kelly M Coates</i> President		<b>FILED 133</b>	
		<b>FEB 10 2023</b>	
		<b>BY S FVDX</b>	

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov