



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 2019 AUG 20 AM 11:00

1. Entity ID Number <u>001335272</u>		2. Exact name of the Corporation: <u>Bob Bau's Inc</u>			
3. Principal Office Address <u>334 Atwood Ave</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	
4. NAICS Code <u>236118</u>		6. Brief description of the character of business conducted in Rhode Island <u>Construction & consulting</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Michael Cirillo</u>			Vice-President Name <u>Joey Henderson</u>		
Street Address <u>9 Burr St</u>			Street Address <u>135 Elton Cir</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>
Secretary Name <u>Amanda Turcotte</u>			Treasurer Name		
Street Address <u>35 Church Hill Dr</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES <u>100</u>		CLASS/SERIES
					PAR VALUE <u>.01</u>
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. 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.					
Name of Authorized Representative <u>Amanda Turcotte</u>					Date <u>8/20/19</u>
Signature of Authorized Representative 					

FILED

AUG 20 2019

BY 13093

11:01