

14100

3. Street Address Principal Business Office

635 Potters Avenue

2. Name of Corporation K & B SERVICE, INC.

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

Zip

02907

State

RI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______ 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

City Providence

| | 4. Business Phone No. | | S. State of Incorporation RHODE ISLAND | | | |
|---|---|-----------------------|--|---|---|-----------------|
| Automotive Repairs | | | A Company of the Comp | | | |
| . NAMES AND ADD | RESSES OF THE OFFICI | RS; ("X" BOX FOR | ATTACHMENT) [FILL IN S | SPACES BEFORE USING | ATTACHMENTS | |
| President Name | | | Vice President Name | | | |
| Leo Beliveau Jr. Street Address 6 Delaine Street | | | Leo Beliveau Jr. Street Address 6 Delaine Street | | | |
| | | | | | | City Warwick |
| Secretary Name | | | Trousurer Name Same | | | |
| Same | | | | | | |
| Street Address | | | Street Address | | | |
| Xzy | State | Zip | City | State | Zip | |
| -9 | | 1 | | | | |
| . NAMES AND ADD | RESSES OF THE DIREC | FORS: ("X" BOX FO | <i>R ATTACHMENT)</i> [] FILL IN | SPACES BEFORE USING | G ATTACHMENTS | |
| Director Name | | | Director Name | | | |
| Leo Beliveau Jr. | | | Same | | | |
| treet Address | | | Street Address | | | |
| 6 Delaine Street | | | | | | |
| lity | State | Zip | City . | State | Zip | |
| Warwick | RI | 02886 | ************************************** | | | |
| Pirector Name | | | Director Name | | | |
| | | | Constant I | | | |
| Street Address | | | Street Address | | | |
| Tity: | State | Zip | City | State | Ζip | |
| | | | • | | | |
| . SHARES AUTHOR | IZED ("X" BOX FOR A | FTACHMENT) 🗌 | 10. SHARES ISSUED | ("X" BOX FOR ATTACE | HMENT) | |
| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | |
| iumber of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
| | _ | | | | | |
| 200 | Common | NPV | 100 | Common | NPV | |
| | | - | | | | |
| | | corporation by an aut | Under penalty of pincluding any accontained herein a Signature Leo Beliveau Print or Type Name | perjury, I declare and affirm to companying schedules and state true and correct. | s of a receiver or trustee, | |
| File Date Check No. | executed on behalf of the executed on behalf of the | corporation by an aut | Under penalty of pincluding any accontained herein a Signature | perjury, I declare and affirm to companying schedules and state true and correct. | that I have examined this restements, and that all statem | |