



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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.

1. Corporate ID No. 113093		2. Name of Corporation B B STUBS, INC.			
3. Street Address Principal Business Office 7 FORESTDALE DRIVE			City COVENTRY	State RI	Zip 02816-5881
4. Business Phone No. 401-826-1755		5. State of Incorporation RHODE ISLAND AND PROVIDENCE PLANTATIONS			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A REAL ESTATE COMPANY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAUL R. MONFILS			Vice President Name SCOTT A. HARVEY		
Street Address 7 FORESTDALE DRIVE			Street Address 7 FORESTDALE DRIVE		
City COVENTRY	State RI	Zip 02816-5881	City COVENTRY	State RI	Zip 02816-5881
Secretary Name SCOTT A. HARVEY			Treasurer Name PAUL R. MONFILS		
Street Address 7 FORESTDALE DRIVE			Street Address 7 FORESTDALE DRIVE		
City COVENTRY	State RI	Zip 02816-5881	City COVENTRY	State RI	Zip 02816-5881
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			500	COMMON	NO PAR
			N/A	N/A	N/A

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.

File Date	1-05-2010
Check No.	1110
By:	MMC
FOR SECRETARY OF STATE USE ONLY	

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.

Signature

Date

SCOTT A. HARVEY

Print or Type Name

VICE PRESIDENT

Title