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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 2011

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.	2. Name of Corporation			
521	C.B.B. ENTERPRISES, INC.			
3. Street Address Principal Business Office		City	State	Zip
P. O. BOX 830		SLATERSVILLE	RI	02876-0899
4. Business Phone No.	5. State of Incorporation			
401-769-4967	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
DRIVE-IN MOVIE THEATRE

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ELIZABETH A. DESMARAIS			ELIZABETH A. DESMARAIS		
Street Address			Street Address		
P. O. BOX 830			P. O. BOX 830		
City	State	Zip	City	State	Zip
SLATERSVILLE	RI	02876-0899	SLATERSVILLE	RI	02876-0899
Secretary Name			Treasurer Name		
JUNE A. SMITH			ELIZABETH A. DESMARAIS		
Street Address			Street Address		
432 COUNTY STREET			P. O. BOX 830		
City	State	Zip	City	State	Zip
NEW BEDFORD	MA	02740	SLATERSVILLE	RI	02876-0899

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
ELIZABETH A. DESMARAIS			ELIZABETH MINASIAN		
Street Address			Street Address		
P. O. BOX 830			70 BIRCH HILL ROAD		
City	State	Zip	City	State	Zip
SLATERSVILLE	RI	02876-0899	BELMONT	MA	02478
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500	COM	NO

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.

[redacted] [redacted]

FILED
File Date JAN 04 2011
Check No. By MNC
By: 12043
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.

Elizabeth A. Desmarais 1-1-11
Signature *Date*

ELIZABETH A. DESMARAIS
Print or Type Name

[redacted] PRESIDENT
Title

Form 630 Rev. 08/08

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