



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 51595		2. Exact name of the Corporation B+M Distributing Inc.	
3. Principal office address 279 TAUNTON AVENUE		City EAST PROV RI	State RI
4. Business Phone No. 401 434 5058		5. State of Incorporation R.I.	
6. Brief description of the character of business conducted in Rhode Island SALES SERVICE Diving Equipment			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name GRUCE MURRAY		Vice-President Name	
Street Address 279 TAUNTON AVE		Street Address NA	
City E PROV	State RI	City	State
Zip 02914		Zip	
Secretary Name		Treasurer Name	
Street Address NA		Street Address NA	
City	State	City	State
Zip		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address NA		Street Address NA	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address NA		Street Address NA	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.			
NUMBER OF SHARES 1000		CLASS/SERIES A	PAR VALUE 0

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 SECRETARY OF STATE
 CORPORATIONS DIV

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 _____
 Check No _____
 By: _____

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.

FILED

Signature of Authorized Representative: GRUCE MURRAY Date: 12/17/12
 Print or Type Name of Authorized Representative: GRUCE MURRAY

FOR SECRETARY OF STATE USE ONLY

DEC 20 2012

BY U186031