



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 **2014**

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. 71315		2. Exact name of the Corporation B & M CLAMBAKE COMPANY, INC.			
3. Principal office address 560 York Avenue		City Pawtucket	State RI	Zip 02861	
4. Business Phone No. 401-723-4180		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Catering business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael T. Doherty			Vice-President Name None		
Street Address 560 York Avenue			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Brian S. Doherty			Treasurer Name Michael T. Doherty		
Street Address 560 York Avenue			Street Address 560 York Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Brian S. Doherty			Director Name Michael T. Doherty		
Street Address 560 York Avenue			Street Address 560 York Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	CLASS/SERIES	PAR VALUE
			200	common	no par

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By: _____

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JAN 21 2014

By 49-215210

A.A.

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 of Authorized Representative

Date

Print or Type Name of Authorized Representative

1-9-13

[Handwritten Signature]

BRIAN S. DOHERTY