



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 2015

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. 128056 | | 2. Exact name of the Corporation B & M Waterworks, Inc. | | | | | | |
| 3. Principal office address 25 Bridge Street | | City Providence | State RI | Zip 02903 | | | | |
| 4. Business Phone No. 861-9007 | | 5. State of Incorporation Rhode Island | | | | | | |
| 6. Brief description of the character of business conducted in Rhode Island Operation of a restaurant | | | | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | | |
| President Name Eben Bates | | | Vice-President Name Joshua Miller | | | | | |
| Street Address 25 Bridge Street | | | Street Address 25 Bridge Street | | | | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 | | | |
| Secretary Name Joshua Miller | | | Treasurer Name Eben Bates | | | | | |
| Street Address 575 Bridge Street | | | Street Address 25 Bridge Street | | | | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 | | | |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | | |
| Director Name Eben Bates | | | Director Name Joshua Miller | | | | | |
| Street Address 25 Bridge Street | | | Street Address 25 Bridge Street | | | | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 | | | |
| 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 | \$1.00 |

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: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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

JAN 22 2015

BY

Signature of Authorized Representative

Eben Bates

Print or Type Name of Authorized Representative

Date

1/23/15