



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 14100		2. Name of Corporation K & B SERVICE, INC.			
3. Street Address Principal Business Office 635 Potters Avenue			City Providence	State RI	Zip 02907
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island AUTOMOTIVE REPAIRS AND TOWING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Leo Beliveau Jr.			Vice President Name Leo Beliveau Jr.		
Street Address 6 Delaine Street			Street Address 6 Delaine Street		
City Warwick,	State RI	Zip 02886	City Warwick,	State RI	Zip 02886
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Leo Beliveau Jr.			Director Name Same		
Street Address 6 Delaine Street			Street Address		
City Warwick,	State RI	Zip 02886	City	State	Zip
Director Name Same			Director Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 COMM NO PAR VALUE			100	Common	NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	1-18-05
Check No.	14156
By:	[Signature]
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] **11-18-05**
Signature of Officer Date
Leo Beliveau Jr.
Print or Type Name of Officer
President
Title of Officer