STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(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 & towing

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

President Name Leo Beliveau, Jr.
Street Address 6 Delaine Street
City Warwick *State* RI *Zip* 02886

Vice President Name Leo Beliveau, Jr.
Street Address Same
City *State* *Zip*

Secretary Name Leo Beliveau, Jr.
Street Address Same
City *State* *Zip*

Treasurer Name Leo Beliveau, Jr.
Street Address Same
City *State* *Zip*

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

Director Name Leo Beliveau, Jr.
Street Address 6 Delaine Street
City Warwick *State* RI *Zip* 02886

Director Name Same
Street Address
City *State* *Zip*

Director Name Same
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
200 COMM NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*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

[redacted] [redacted]

14100

File Date: 1-16-03

Check No.: 13030

By: UP

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.

/ Leo Beliveau / 1-15-03
Signature of Officer *Date*

Leo Beliveau, Jr.
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02