



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED 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 <u>Leo Beliveau, Jr.</u>	Vice President Name
Street Address <u>6 Delaine Street</u>	Street Address
City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u>	City _____ State _____ Zip _____

Secretary Name	Treasurer Name
Street Address	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>Leo Beliveau, Jr.</u>	Director Name
Street Address <u>same as above</u>	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Director Name	Director Name
Street Address	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>200 SHS NO PAR COM</u>		

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

ISSUED SHARES	Class/Series	Par Value
<u>100</u>	<u>common</u>	<u>npv</u>

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



\* 1 4 1 0 0 \*

File Date: PAID 1/12/01

Check No.: JAN 18 2000

By: SEC'Y OF STATE  
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, Jr. 1-14-2000  
Signature of Officer Date

Leo Beliveau, Jr.  
Print or Type Name of Officer

President  
Title of Officer