PROFIT CORPORATION ANNUAL REPORT

1996

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

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
14100	K & B SERVICE, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
635 Potters Ave.	Providence	RI	02907

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
(401) 941-5562	RHODE ISLAND	8953

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Service station - repairs & towing

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
Leo Beliveau	
STREET ADDRESS	STREET ADDRESS
6 Delaine St.	
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
Warwick RI 02886	
SECRETARY NAME	TREASURER NAME
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
200 SHS	NO PAR COM		200	NO PAR	

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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 for Leo

Signature of Officer

Leo Beliveau

Print or Type Name of Officer

President

Title of Officer

1-12-96

Date

File Date: 8/9/96

Check No: 9396

By: ICP / CP

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

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