



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2015

**1. ID No.** 000790508

**2. Exact Name of the Limited Liability Company** PTB, LLC

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

MANUFACTURER REPRESENTATIVE TO THE HOSPITALITY/FOOD SERVICE INDUSTRY,  
AND TO CARRY ON ANY LAWFUL BUSINESS, TRADE PURPOSE OR ACTIVITY.

September 30, 2015

PTB, LLC, 2015 ANNUAL MINUTES

9:00 AM-10:30 AM, Wednesday, September 30, 2015, Steve & Christine Desmarais reviewed the PTB, LLC business conducted with Distributor customers, & end-user customers and reviewed their 2015 Annual Sales to date, Quotations, and potential opportunities for the balance of 2015, and forecast for 2016.

11:00 AM – 12:00 PM, We reviewed our YTD 2015 revenues for the Manufacturers we represent.

1:00 PM – 2:30 PM, We reviewed new & existing 2015 Manufacturer's Programs, New Products & Product focuses.

3:30 PM – 4:30 PM, We reviewed our Customer & End-User focuses for 2015, for Market-Share Sales penetrations, & growth for our Manufacturers.

Steven R. Desmarais, PTB, LLC

**5. Principal Office Address**

No. and Street: MOVED 8/14/15  
500 MENDON ROAD, UNIT 403

City or Town: CUMBERLAND

State: RI Zip: 02864 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: STEVEN R. DESMARAIS Contact Title: OWNER  
No. and Street: 500 MENDON ROAD, UNIT 403  
City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	STEVEN R DESMARAIS	500 MENDON ROAD, UNIT 403 CUMBERLAND, RI 02864 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

STEVEN R. DESMARAIS 29 FACTORY POND CIRCLE GREENVILLE , RI 02828

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 4 Day of October, 2015 at 10:17:21 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By STEVEN R. DESMARAIS  
Signature of Authorized Person

Form No. 632  
Revised 09/07