



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 798508		2. Exact name of the Corporation BS MANAGEMENT, INC.			
3. Principal office address 1590 Mineral Spring Avenue		City North Providence	State RI	Zip 02904-0000	
4. Business Phone No.		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island to operate a supermarket					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Scott D. Shore			Vice-President Name Robert J. Shore		
Street Address 1590 Mineral Spring Avenue			Street Address 1590 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
Secretary Name Robert J. Shore			Treasurer Name Scott D. Shore		
Street Address 1590 Mineral Spring Avenue			Street Address 1590 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Scott D. Shore			Director Name Robert J. Shore		
Street Address 1590 Mineral Spring Avenue			Street Address 1590 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

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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 of Authorized Representative

Scott D. Shore

Print or Type Name of Authorized Representative

President

1/04/2016

Date