

# 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 • F	AILURE TO FI	LE THIS REPORT BY M	ARCH 31 WILL RES	ULT IN A	\$25.00 PEN	ALTY FEE.		
1. Entity ID No.		2. Exact name of the Corporation						
2120	THE BA	AZAR GROUP, IN	NC.					
3. Principal office address 793 Waterman Avenu	ıe		City East Providence	State Zip Ce RI 02914				
. Business Phone No. 401-134-2595			5. State of Incorporation RHODE ISLAND					
Brief description of the cha JOBBERS AND MAN				NUFACT	URER			
LIST ALL OFFICERS (NA	MES AND ADDR	IESSES) ("X" BOX FOR A	TACHMENT)			的。		
President Name Peter B. Bazar			Vice-President Name Beverly E. Bazar					
reet Address '93 Waterman Avenue			Street Address 793 Waterman Avenue					
City East Providence	State RI	Zip 02914	City East Providence		State RI	Zip <b>02914</b>		
Secretary Name Beverly E. Bazar			Treasurer Name Banice C. Bazar					
reet Address As above			Street Address 793 Waterman Avenue					
ity	State	Zip	City East Providence		State RI	Zip <b>02914</b>		
LIST <u>ALL</u> DIRECTORS (N	AMES AND ADD	RESSES) ("X" BOX FOR						
orector Name Banice C. Bazar, Chairman			Director Name Beverly E. Bazar					
treet Address <b>As above</b>			Street Address As above					
ity	State	Zip	City		State	Zip		
rector Name David N. Bazar			Director Name Peter B. Bazar					
treet Address 793 Waterman Avenue			Street Address As above					
ity East Providence	State RI	<sup>Zip</sup> <b>02914</b>	City		State	Zip		
SHARES AUTHORIZED	1000		10. SHARES ISSUED	("X" BOX	FOR ATTACH	IMENT)		
			NUMBER OF SHARES	CLASS/SE		PAR VALUE		
is information is currently of record in the Office of the Secreta State. Changes require an additional filing. e Section 9 of instruction sheet.			50	С	LASS A	VOTING		
e section a of instruction	ən <del>ce</del> t.		4950	C	LASSB	NON VOTING		
This report must be executed	on behalf of the this report mus	corporation by an authorize st be executed on behalf of	d representative. If the c the corporation by the re	orporation eceiver or tr	is in the hands rustee.	of a receiver or trustee		

File Date	FILED	Under penalty of perjury, I declare and affirm that I this report, including any accompanying schedule and that all statements contained herein are true a	s and statements,
Check No	JAN 1 9 2016	MA	and correct.
FOR SECRETARY OF STATE USE ONLY	7984	Signature of Authorized Representative Peter B. Bazar	1-15 -/k

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative

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#### ATTACHMENT

### THE BAZAR GROUP, INC.

7. Names and addresses of the Officers:

Vice President Name:

Jonathan Louttit 793 Waterman Avenue East Providence, RI 02914

Assistant Secretary Name:

Sherry A. Goldin 10 Weybosset Street, 8th Fl. Providence, RI 02903

8. Names and addresses of the Directors:

Karen Bergel 793 Waterman Avenue East Providence, RI 02914

FILED

JAN 1 9 2016

BY 3130