



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. 70981		2. Exact name of the Corporation SBF, Inc.				
3. Principal office address 10 MESHANTICUT VLY. PKWY.			City CRANSTON	State RI	Zip 02920	
4. Business Phone No. 401-942-6644			5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE - NO GAS						
LIST ALL OFFICERS (NAMES, NUMBERS, ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>						
President Name MICHAEL R. DIRAIMO			Vice-President Name MAUREEN DIRAIMO			
Street Address 10 MESHANTICUT VLY. PKWY.			Street Address 10 MESHANTICUT VLY. PKWY.			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920	
Secretary Name MICHAEL Mc MULLEN			Treasurer Name LLOYD MOONE			
Street Address 300 SIXTH AVE. -APT. 103			Street Address 25 STONEHAM ST.			
City E. GREENWICH	State RI	Zip 02818	City CRANSTON	State RI	Zip 02920	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>						
Director Name MICHAEL DIRAIMO			Director Name			
Street Address 10 MESHANTICUT VLY. PKWY.			Street Address			
City CRANSTON	State RI	Zip 02920	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input type="checkbox"/>			
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
				560	COMMON	NO PAR VALUE
				1100	COMMON	NO PAR VALUE

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

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.

Michael R. Diraimo 1/19/16
 Signature of Authorized Representative Date
MICHAEL R. DIRAIMO

Print or Type Name of Authorized Representative

FILED
 JAN 21 2016
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