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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 2009

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.**

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2016 JAN 27 AM 10: 13

1. Entity ID No.	2. Exact name of the Corporation
000012370	P & B Associates, Inc.

3. Principal office address	City	State	Zip
9658 Colemere St	Sandy	UT	84092

4. Business Phone No.	5. State of Incorporation
401-640-9001	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Property maintenance

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Paul Paris	9658 Colemere St	Sandy	UT	84092

Vice-President Name	Street Address	City	State	Zip
Brenda Paris	9658 Colemere St	Sandy	UT	84092

Secretary Name	Street Address	City	State	Zip
Paul Paris	9658 Colemere St	Sandy	UT	84092

Treasurer Name	Street Address	City	State	Zip
Paul Paris	9658 Colemere St	Sandy	UT	84092

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Paul Paris	9658 Colemere St	Sandy	UT	84092

Director Name	Street Address	City	State	Zip
Brenda Paris	9658 Colemere St	Sandy	UT	84092

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50	Common	0

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
JAN 27 2016
By
A.A. 10:14 A.M.

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 — Date: 12/21/15

Paul R. Paris
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

131701-9-1086625