



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 123708		2. Name of Corporation B&T INTERIORS, INC.					
3. Street Address Principal Business Office 350 Kinsley Avenue, Building 43		City Providence	State RI	Zip 02903			
4. Business Phone No. 401-454-7447		5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM MILLWORK INSTALLATION							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Gary Beaune		Vice President Name Gail Beaune					
Street Address 350 Kinsley Avenue, Building 43		Street Address 350 Kinsley Avenue, Building 43					
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903		
Secretary Name Gary Beaune		Treasurer Name Gary Beaune					
Street Address 350 Kinsley Avenue, Building 43		Street Address 350 Kinsley Avenue, Building 43					
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name None		Director Name None					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name None		Director Name None					
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.					ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
					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.

FILED

FEB 11 2016

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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  
Gary Beaune

Print or Type Name  
President

Title

Date  
1-9-16

File Date \_\_\_\_\_ BY \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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