

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

| 1. Entity ID No. | | ame of the Corporation | | | |
|---|----------------------|-----------------------------|---|--|--|
| 71315 | B&M | CLAMBAKE COMPANY, INC. | | | |
| 3. Principal office address 560 York Avenue | | | City Pawtucket | State RI | Zip 02861 |
| 4. Business Phone No. 401-723-4180 | | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the Catering business | | ss conducted in Rhode Islar | nd | | |
| // UST ALL OFFICERS | (NAMES AND ADD | RESSES) ("X" BOX FOR A | TTACHMENT | 文字系 (A) 整型 (X) 11 12 14 12 12 14 12 14 14 14 14 14 14 14 14 14 14 14 14 14 | |
| 7. AST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR A President Name Michael T. Doherty | | | Vice-President Name None | | |
| Street Address 560 York Avenue | | | Street Address | | |
| City Pawtucket | State RI | Zip 02861 | City | State | Zip |
| Secretary Name Brian S. Doherty | | | Treasurer Name Michael T. Doherty | | |
| Street Address 560 York Avenue | | | Street Address 560 York Avenue | | |
| Pawtucket | State RI | Zip 02861 | City Pawtucket | State RI | Zip 02861 |
| LIST <u>ALL</u> DIRECTORS | (NAMES AND ADI | DRESSES) ("X" BOX FOR | ATTACHMENT) | | |
| Director Name Michael T. Doherty | | | Director Name Brian S. Doherty | | |
| itreet Address 560 York Avenue | | | Street Address 560 York Avenue | | |
| ity Pawtucket | State RI | Zip 02861 | City Pawtucket | State RI | Zip 02861 |
| irector Name | | | Director Name | <u> </u> | |
| Street Address | | | Street Address | | |
| ity | State | Zíp | City | State | Zip |
| SHARES AUTHORIZED |) | | 10. SHARES ISSUE | ("X" BOX FOR ATTAC | HMENT) |
| his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet. | | | NUMBER OF SHARES CLASS/SERIES PAR VALUE | | |
| | | | 200 | common | no par |
| his report must be execu | ted on behalf of the | corporation by an authorize | d representative. If the | corporation is in the hand | s of a receiver or trustee, |
| File Date | uns report ma | st be executed on behalf of | Under penalty of p | erjury, I declare and affling any accompanying s | rm that I have examined chedules and statements |
| Check No | | $FILED_{\mathfrak{a}}$ | and that all statem | thits contained herein a | re true and correct, フノッタ// |
| Ву: | | MAR 0 8 2016 | Signature of Author | zed Representative | Date |
| FOR SECRETARY OF STATE USE ONLY BY 4920 | | | Brian S. Duherty | | |
| rm No. 630 | | | Print or Type Name of Authorized Representative | | |

Form No. 630 Revised: 01/2012