



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. <u>001084154</u>		2. Exact name of the Corporation <u>SPB Enterprises, Inc.</u>			
3. Principal office address <u>11 S. Angell St. #320</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	
4. Business Phone No. <u>508-838-1861</u>		5. State of Incorporation <u>R.I.</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>Elizabeth A. Page</u>			Vice-President Name <u>Elizabeth A. Page</u>		
Street Address <u>180 S. Main St #4</u>			Street Address <u>180 S. Main St #4</u>		
City <u>Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>	City <u>Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>
Secretary Name <u>Elizabeth A. Page</u>			Treasurer Name <u>Elizabeth A. Page</u>		
Street Address <u>180 S. Main St #4</u>			Street Address <u>180 S. Main St #4</u>		
City <u>Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>	City <u>Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name <u>Elizabeth A. Page</u>			Director Name <u>NONE</u>		
Street Address <u>180 S. Main St #4</u>			Street Address		
City <u>Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
			<u>NONE</u>	<u>NONE</u>	<u>NONE</u>

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

BY

MAR 18 2016

HL 1562

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.

Elizabeth A. Page 3-15-16
Signature of Authorized Representative PRESIDENT Date

Elizabeth A. Page
Print or Type Name of Authorized Representative