



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 2015

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>939827</u>		2. Exact name of the Corporation <u>QBM, Inc.</u>		
3. Principal office address <u>76 Dorrance Street, Room 306</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
4. Business Phone No. <u>401-272-1373</u>		5. State of Incorporation <u>Delaware</u>		
6. Brief description of the character of business conducted in Rhode Island <u>conveyor belt maintenance and repair; sale of industrial rubber products and conveyor accessories</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>David Thyret</u>		Vice-President Name <u>Edgar P. Thyret</u>		
Street Address <u>91 Drummond Crescent</u>		Street Address <u>2 Regency Plaza, Apt 712W</u>		
City <u>Fort Erie</u>	State <u>Ont</u>	Zip <u>L2A1K4</u>	City <u>Providence</u>	State <u>RI</u>
Secretary Name <u>Patricia Dianne Thyret</u>		Treasurer Name <u>Edgar P. Thyret</u>		
Street Address <u>2 Regency Plaza, Apt-712W</u>		Street Address <u>See above</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>David Thyret</u>		Director Name		
Street Address <u>see above</u>		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		<u>0</u>	<u>PNP</u>	<u>0</u>
		<u>0</u>	<u>CNP</u>	<u>0</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

FILED

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BY

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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.

Patricia Dianne Thyret 3/30/16
Signature of Authorized Representative Date

Patricia Dianne Thyret
Print or Type Name of Authorized Representative