



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 002590		2. Exact name of the Corporation Bob-Tod, Inc.	
3. Principal Office Address 375 Broadway		City Newport	State RI
		Zip 02840	
4. Business Phone Number 401-846-0698		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Real Estate Investment			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Christopher M. Edenbach		Vice-President Name Kurt M. Edenbach	
Street Address 10 Fowler Ave		Street Address 61 Roseneath Ave	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Secretary Name Charles A. Edenbach, III		Treasurer Name Robert S. Edenbach	
Street Address 30 Red Cross Ave #5		Street Address 140 Cromwell Drive	
City Newport	State RI	City Portsmouth	State RI
Zip 02840		Zip 02871	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
11. 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. 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.			
Name of Authorized Representative Christopher M. Edenbach		Date 8/1/16	
Signature of Authorized Representative [Signature]			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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