



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 <b>002590</b>		2. Exact name of the Corporation <b>Bob-Tod, Inc.</b>	
3. Principal Office Address <b>375 Broadway</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</b>	
4. Business Phone Number <b>401-846-0698</b>		5. State of Incorporation <b>RI</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Investment</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Christopher M. Edenbach</b>		Vice-President Name <b>Kurt M. Edenbach</b>	
Street Address <b>10 Fowler Ave</b>		Street Address <b>61 Roseneath Ave</b>	
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>
Secretary Name <b>Charles A. Edenbach, III</b>		Treasurer Name <b>Robert S. Edenbach</b>	
Street Address <b>30 Red Cross Ave #5</b>		Street Address <b>140 Cromwell Drive</b>	
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Portsmouth</b>
		State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>1000</b>	
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.			
<b>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.</b>			
Name of Authorized Representative <b>Christopher M. Edenbach</b>			Date <b>8/1/16</b>
Signature of Authorized Representative <b>[Handwritten Signature]</b>			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 AUG - 3 2016  
 BY **2646**  
**LD**