



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

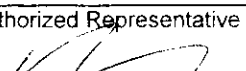
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2016 NOV 16 PM 1:07

1. Entity ID Number 000791076		2. Exact name of the Corporation HOUSE OF BEES, INC.			
3. Principal Office Address 615 CENTRAL STREET		City MAPLEVILLE		State RI	Zip 02839
4. Business Phone Number: 401-256-8704		6. Brief description of the character of business conducted in Rhode Island MUSIC, ENTERTAINMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BERNARD J. DOLAN			Vice-President Name		
Street Address 615 CENTRAL ST			Street Address		
City MAPLEVILLE	State RI	Zip 02839	City	State	Zip
Secretary Name BERNARD J. DOLAN			Treasurer Name BERNARD J. DOLAN		
Street Address 615 CENTRAL ST			Street Address 615 CENTRAL ST		
City MAPLEVILLE	State RI	Zip 02839	City MAPLEVILLE	State RI	Zip 02839
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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
0					
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 BERNARD J. DOLAN					Date 11/16/16
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov