State of Rhode Island Department of		ence Plantations USINESS Service	es Division	-	
Annual Report for the year: 2016 Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.					R.I. DEPT. DE S
1. Entity ID Number 120660	ŀ	name of the Limited Li e Five B's, I	• •		2: 44
3. NAICS Code 53 5. State of Formation Rhode Island	4. Brief de	escription of the chara	acter of business conducted in R Anagement and D	Rhode Island Pevelopm	
6. Principal Office Address 38 Little Pond County Road			City Cumberland	State RI	Zip 02864
7. Mailing Address of Limited L					
Contact Name Richard and Be			Contact Title Member		
Street Address 38 Little Pond County Road			City Cumberland	State	^{Zip} 02864
8. List ALL managers (names	and addresse	s) of the Limited Liab	ility Company, IF APPLICABLE		MEMBERS
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name N/A			Manager Name	<u> </u>	
Street Address			Street Address		
City	State	Zip	City	State	Zip
			C	heck the box to	indicate an attachment
9. Resident Agent in Rhode Isla	and. This inforr	nation is currently of rec	ord with the Department of State. C	hanges require filir	ng Form 642.
Under penalty of perjury, I de statements, and that all state	clare and aff	firm that I have exam	nined this report, including an	y accompanyin	g schedules and
Name of Authorized Person				Date	
				11.2-	-16
Signature of Authorized Person	annon	SIGN DO	CUMENT 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

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