



State of Rhode Island and Providence Plantations

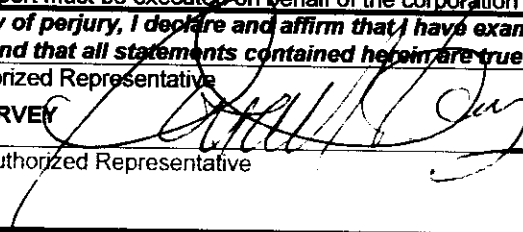
## Department of State - Business Services Division

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.

|   |   |  |  |                                    |                          |
|---|---|--|--|------------------------------------|--------------------------|
| 1. Entity ID Number<br><b>113093</b>  |   | 2. Exact name of the Corporation<br><b>B. B. STUBS, INC.</b> |  |                                    |                          |
| 3. Principal Office Address<br><b>7 FORESTDALE DRIVE</b>  |   | City<br><b>COVENTRY</b>                                      |  | State<br><b>RI</b>                 | Zip<br><b>02816-5881</b> |
| 4. NAICS Code<br><b>53 - Real Estate and Rental anc</b>   | 6. Brief description of the character of business conducted in Rhode Island<br><b>TO OPERATE A REAL ESTATE BUSINESS</b> |  |  |                                    |                          |
| 5. State of Incorporation<br><b>RHODE ISLAND</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<br><b>PAUL R MONFILS</b>   |   |  | Vice-President Name<br><b>SCOTT A HARVEY</b> |                                    |                          |
| Street Address<br><b>7 FORESTDALE DRIVE</b>   |   |  | Street Address<br><b>7 FORESTDALE DRIVE</b>  |                                    |                          |
| City<br><b>COVENTRY</b>   | State<br><b>RI</b>  | Zip<br><b>02816-5881</b>                                     | City<br><b>COVENTRY</b>                      | State<br><b>RI</b>                 | Zip<br><b>02816-5881</b> |
| Secretary Name<br><b>PAUL R MONFILS</b>   |   |  | Treasurer Name<br><b>SCOTT A HARVEY</b>      |                                    |                          |
| Street Address<br><b>7 FORESTDALE DRIVE</b>   |   |  | Street Address<br><b>7 FORESTDALE DRIVE</b>  |                                    |                          |
| City<br><b>COVENTRY</b>   | State<br><b>RI</b>  | Zip<br><b>02816-5881</b>                                     | City<br><b>COVENTRY</b>                      | State<br><b>RI</b>                 | Zip<br><b>02816-5881</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<br><b>NONE</b>  |   |  | Director Name<br><b>NONE</b>                 |                                    |                          |
| Street Address  |   |  | Street Address                               |                                    |                          |
| City  | State   | Zip  | City   | State                              | Zip                      |
| Director Name<br><b>NONE</b>  |   |  | Director Name<br><b>NONE</b>                 |                                    |                          |
| Street Address  |   |  | Street Address                               |                                    |                          |
| City  | State   | Zip  | City   | State                              | Zip                      |
| 9. Shares Authorized  |   |  |  |                                    |                          |
| This information is currently of record in the Department of State.   |   |  |  |                                    |                          |
| Changes require an additional filing.   |   |  |  |                                    |                          |
| 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |  |  |                                    |                          |
| NUMBER OF SHARES  |   | CLASS/SERIES   |  | PAR VALUE                          |                          |
| <b>500</b>  |   | <b>COMMON</b>  |  | <b>NO PAR</b>                      |                          |
| <b>N/A</b>  |   | <b>N/A</b>   |  | <b>N/A</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. |   |  |  |                                    |                          |
| 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<br><b>SCOTT A HARVEY</b>  |   |  |  | Date<br><b>1/16/2017</b>           |                          |
| Signature of Authorized Representative<br>   |   |  |  | <b>FILED</b><br><b>JAN 19 2017</b> |                          |

MAIL TO:  
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