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 | 2. Exact name of the Corporation |
|---|---|
| 113093 | B. B. STUBS, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 7 FORESTDALE DRIVE | COVENTRY | RI | 02816-5881 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 53 - Real Estate and Rental anc | TO OPERATE A REAL ESTATE BUSINESS |
| 5. State of Incorporation | |
| RHODE ISLAND | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: PAUL R MONFILS | | | Vice-President Name: SCOTT A HARVEY | | |
| Street Address: 7 FORESTDALE DRIVE | | | Street Address: 7 FORESTDALE DRIVE | | |
| City: COVENTRY | State: RI | Zip: 02816-5881 | City: COVENTRY | State: RI | Zip: 02816-5881 |
| Secretary Name: PAUL R MONFILS | | | Treasurer Name: SCOTT A HARVEY | | |
| Street Address: 7 FORESTDALE DRIVE | | | Street Address: 7 FORESTDALE DRIVE | | |
| City: COVENTRY | State: RI | Zip: 02816-5881 | City: COVENTRY | State: RI | Zip: 02816-5881 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: NONE | | | Director Name: NONE | | |
| Street Address: | | | Street Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| Director Name: NONE | | | Director Name: NONE | | |
| 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 — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 500 | COMMON | NO PAR |
| N/A | N/A | N/A |

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: SCOTT A HARVEY

Signature of Authorized Representative

Date: 1/16/2017

**FILED**
JAN 19 2017
BY 1033 DS

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