



State of Rhode Island and Providence Plantations

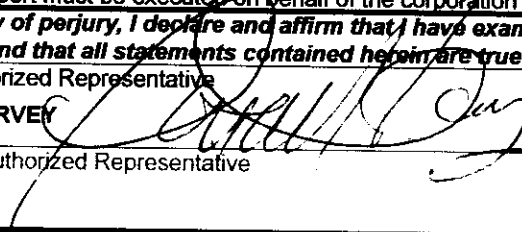
Department of State - Business Services Division

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 113093		2. Exact name of the Corporation B. B. STUBS, INC.			
3. Principal Office Address 7 FORESTDALE DRIVE		City COVENTRY		State RI	Zip 02816-5881
4. NAICS Code 53 - Real Estate and Rental anc	6. Brief description of the character of business conducted in Rhode Island 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				Date 1/16/2017	
Signature of Authorized Representative 				FILED JAN 19 2017	

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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