



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 SD6759		2. Exact name of the Corporation The Dottie LeBeau Group, Ltd.			
3. Principal Office Address 225 Pine Haven Road			City Coventry	State RI	Zip 02816
4. NAICS Code 72		6. Brief description of the character of business conducted in Rhode Island Inspection of food preparation facilities.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dorothy J. LeBeau			Vice-President Name Ernest LeBeau		
Street Address 225 Pine Haven Road			Street Address 225 Pine Haven Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Ernest LeBeau			Treasurer Name Dorothy J. LeBeau		
Street Address 225 Pine Haven Road			Street Address 225 Pine Haven Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dorothy J. LeBeau			Director Name		
Street Address 225 Pine Haven Road			Street Address		
City Coventry	State RI	Zip 02816	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. 1000			10. Shares Issued		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No par value
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 Dorothy J. LeBeau					Date 1-23-17
Signature of Authorized Representative <i>Dorothy J. LeBeau</i>					FILED
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

JAN 30 2017

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FORM 630 - Revised: 10/2016