



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

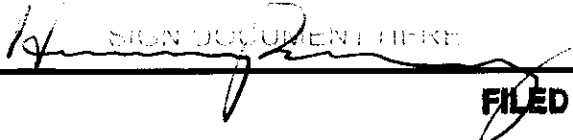
Annual Report for the year: **2017**

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 89831		2. Exact name of the Corporation B & D SALES CORPORATION			
3. Principal Office Address 19 FIFTH AVENUE		City CRANSTON		State RI	Zip 02910
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN GENERAL SALES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HENRY T. BARNEY			Vice-President Name SUSAN P. DORAN		
Street Address 19 FIFTH AVENUE			Street Address 19 FIFTH AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name PATRICK A. DORAN			Treasurer Name PATRICK A. DORAN		
Street Address 19 FIFTH AVENUE			Street Address 19 FIFTH AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HENRY T. BARNEY			Director Name PATRICK A. DORAN		
Street Address 19 FIFTH AVENUE			Street Address 19 FIFTH AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Director Name			Director Name		
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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			600 COMMON NO PAR		
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 HENRY T. BARNEY					Date 2/7/17
Signature of Authorized Representative 					

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

FILED

FEB 10 2017

BY 4030 km

FORM 630 - Revised: 10/2016