RI SOS Filing Number: 201737161150 Date: 3/1/2017 4:00:00 PM

State of Rhode Island and Providence Plantations						
Annual Report for the year: 2017						R.I. DEI BUS
<ul> <li>Corporation</li> <li>→ Filing period: January 1 - M</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee</li> </ul>				R-I A		
1. Entity ID Number	2. Exact name of the Corporation					
10107	E.B. Thomsen, inc.					: 01 (IE
3. Principal Office Address			City State Zip			
141 Narragansett Park Drive			East Provid	dence	RI	02916
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island						
81 - Other Services (except Pub	Buy and sell wholesale and retain beverage and food to restaurants					
5. State of Incorporation	1					
Rhode Island	•					
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Edgar B. Thomsen	Vice-President Name Mary E. Peterson					
Street Address 141 Narragansettt Park Drive			Street Address 141 Narragansett Park Drive			
City East Providence	State RI	<sup>Zip</sup> 02916	City East Providence		State RI	<sup>Zip</sup> 02916
Secretary Name Susan M. Mirabile			Treasurer Name Roberta Hunt			
Street Address 141 Narragansett Park Drive			Street Address 141 Narragansett Park Drive			
City East Providence	State RI	<sup>Zip</sup> 02916	City East Providence		State RI	<sup>Zip</sup> 02916
8. List ALL directors (names and addresses)  Check the box to indicate an attachment						ndicate an attachment
Director Name Edgar B. Thomsen, Jr.			Director Name Mary E. Peterson			
Street Address 141 Narragansett Park Drive			Street Address 141 Narragansett Park Drive			
City East Providence	State RI	<sup>Zip</sup> <b>02916</b>	City East Providence		State RI	Zip 02916
Director Name Susan M. Mirabile			Director Name Roberta Hunt			
Street Address 141 Narragansett Park Drive			Street Address 141 Narragansett Park Drive			
City East Providence	State RI	<sup>Zip</sup> 02916	City East Pr	ovidence	State RI	Zip <b>02916</b>
9. Shares Authorized	<u> </u>	10. Shares Issue			e box to ir	ndicate an attachment 🔲
This information is currently of record in the Department of State.				CLASS/SERIES  Common		PAR VALUE  No Par
Changes require an additional filing.						
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  Date						
Susan M. Mirabile			2/26/17			
Signature of Authorized Representative SIGN DOCUMENT HERE						
100 A 1 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 By \$ 57003

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