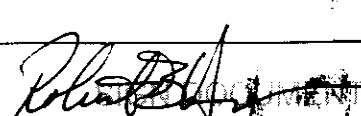




Department of State - Business Services Division

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 65606		2. Exact name of the Corporation R B Howes & Co. Inc.												
3. Principal Office Address 60 Ocean State Drive		City North Kingstown		State RI	Zip 02852									
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Sale and marketing company for automotive fuel conditions												
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 Robert B. Howes			Vice-President Name Robert B. Howes											
Street Address 60 Ocean State Drive			Street Address 60 Ocean State Drive											
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852									
Secretary Name Robert B. Howes			Treasurer Name Robert B. Howes											
Street Address 60 Ocean State Drive			Street Address 60 Ocean State Drive											
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Robert B. Howes			Director Name Robert B. Howes II											
Street Address 60 Ocean State Drive			Street Address 60 Ocean State Drive											
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852									
Director Name Deborah Howes			Director Name											
Street Address 60 Ocean State Drive			Street Address											
City North Kingstown	State RI	Zip 02852	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"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>common</td><td>none</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	none			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	common	none												
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 Robert B. Howes, President				Date 3/7/17										
Signature of Authorized Representative 				FILED MAR 13 2017 38104 