



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 000939827		2. Exact name of the Corporation QBM, INC.			
3. Principal Office Address 275 Westminster St/Room		City Providence		State RI	Zip 02903
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island Conveyor belt maintenance and repair; sale of industrial rubber products and conveyor accessories			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID P. THYRET		Vice-President Name EDGAR P. THYRET			
Street Address 91 Drummond Crescent		Street Address 2 REGENCY PLAZA, 7120			
City Fort Erie		State Ontario Canada		City Providence	State RI
Zip L2A1L4		Zip 02903			
Secretary Name Edgar P. Thyret		Treasurer Name Edgar P. Thyret			
Street Address see above		Street Address see above			
City		State		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID P. THYRET		Director Name Edgar P. Thyret			
Street Address see above		Street Address see above			
City		State		Zip	
Director Name		Director Name			
Street Address		Street Address			
City		State		Zip	
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			610		Preferred
			1500		Common
			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 PATRICIA DIANNE THYRET					Date 3-25-17
Signature of Authorized Representative <i>Patricia Dianne Thyret</i>					FILED
SIGN DOCUMENT HERE					MAR 20 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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