



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 310342 | | 2. Exact name of the Corporation CAB ENTERPRISES, INC. | | | |
| 3. Principal Office Address 38 SANDERSON ROAD | | | City SMITHFIELD | State RI | Zip 02917 |
| 4. NAICS Code 81 - Other Services (except Put | 6. Brief description of the character of business conducted in Rhode Island SALON AND SPA SALES AT RETAIL. | | | | |
| 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 CAROL A. BEAUMIER | | | Vice-President Name KENETH BEAUMIER | | |
| Street Address 38 SANDERSON ROAD | | | Street Address 38 SANDERSON ROAD | | |
| City SMITHFIELD | State RI | Zip 02917 | City SMITHFIELD | State RI | Zip 02917 |
| Secretary Name KENNETH BEAUMIER | | | Treasurer Name CAROL A. BEAUMIER | | |
| Street Address 38 SANDERSON ROAD | | | Street Address 38 SANDERSON ROAD | | |
| City SMITHFIELD | State RI | Zip 02917 | City SMITHFIELD | State RI | Zip 02917 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 | | PAR VALUE |
| | | | 200 | COMMON | \$1.00 |
| | | | | | |
| 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 CAROL A. BEAUMIER | | | | | |
| Signature of Authorized Representative <i>Carol A. Beaumier</i> | | | | | |

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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MAR 23 2017By *5901*
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