



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.

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 BUS SVCS DIV

2017 MAR 28 PM 2:38

1. Entity ID Number 1838		2. Exact name of the Corporation B.Z.B. Enterprises, Inc.			
3. Principal Office Address 1114 Douglas Pike			City Smithfield	State RI	Zip 02917
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Full Service Restaurant			
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 Dennis Parente			Vice-President Name Lawrence Parente		
Street Address 55 Cedar Island Road			Street Address 90 Rear Pontiac Street		
City Narragansett	State RI	Zip 02882	City Warwick	State RI	Zip 02886
Secretary Name Janet Parente			Treasurer Name Dennis and Janet Parente		
Street Address 30 Carver Lane			Street Address 55 Cedar Island Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dennis Parente			Director Name Janet Parente		
Street Address 55 Cedar Island Road			Street Address 30 Carver Lane		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Lawrence Parente			Director Name		
Street Address 90 Rear Pontiac Street			Street Address		
City Warwick	State RI	Zip 02886	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	No 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 Dennis Parente				Date 1.9.17	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE FILED	

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

MAR 28 2017

BY *[Signature]* 299857 FORM 630 - Revised: 10/2016