



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 123708		2. Exact name of the Corporation B&T INTERIORS, INC.			
3. Principal Office Address 350 Kinsley Avenue, Building 43			City Providence	State RI	Zip 02903
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island TO PERFORM MILLWORK INSTALLATION			
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 Gary Beaune			Vice-President Name Gail Beaune		
Street Address 350 Kinsley Avenue, Building 43			Street Address 350 Kinsley Avenue, Building 43		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Gary Beaune			Treasurer Name Gary Beaune		
Street Address 350 Kinsley Avenue, Building 43			Street Address 350 Kinsley Avenue, Building 43		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
		100		Common	No Par
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 Gary Beaune, President				Date 3-27-17	
Signature of Authorized Representative <i>Gary Beaune</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

APR 03 2017

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