



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 46144		2. Exact name of the Corporation R. & B. Services, Inc.			
3. Principal Office Address 33 College Hill Road- Suite 5E			City Warwick	State RI	Zip 02886
4. NAICS Code 81 - Other Services (except Put		6. Brief description of the character of business conducted in Rhode Island Franchisor of commercial office cleaning services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard L. Weiner			Vice-President Name Bernice E. Weiner		
Street Address 315 Blackstone Blvd.			Street Address 315 Blackstone Blvd.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Bernice E. Weiner			Treasurer Name Richard L. Weiner		
Street Address 315 Blackstone Blvd.			Street Address 315 Blackstone Blvd.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard L. Weiner			Director Name Bernice E. Weiner		
Street Address 315 Blackstone Blvd.			Street Address 315 Blackstone Blvd.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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
			1,000		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 Richard L. Weiner				Date 5/05/17	
Signature of Authorized Representative <i>Richard L. Weiner</i> <i>President</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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