



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2015**

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 000550577		2. Exact name of the Corporation BB Money Transfers, Inc.			
3. Principal Office Address 709 Westchester Avenue, 1st Floor,		City White Plains		State NY	Zip 10604
4. NAICS Code 52 - Finance and Insurance	6. Brief description of the character of business conducted in Rhode Island Money Transmitter Business				
5. State of Incorporation New York					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name THE COMPANY NO LONGER HAS ANY		Vice-President Name AS IT NO LONGER EXIST.			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Luis Carlos Moscardi		Director Name Alexandre Alves de Souza			
Street Address 701 Brickell Avenue, Suite 2610		Street Address 709 Westchester Avenue, 1st Floor			
City Miami	State Fl	Zip 33131	City White Plains	State NY	Zip 10604
Director Name Jose Luis Prola Salinas		Director Name			
Street Address 709 Westchester Avenue, 1st Floor		Street Address			
City White Plains	State NY	Zip 10604	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		0	None	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 Reinaldo Manoel de Lima				Date May 03, 2017	
Signature of Authorized Representative					

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

FILED

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FORM 630 - Revised: 02/2017