



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 275790		2. Exact name of the Corporation LBB Corp.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Sole general partner of a limited partnership formed to provide elderly persons			
4. NAICS Code 624229 - Other Community Ho					
6. Principal Office Address 50 WASHINGTON SQUARE		City NEWPORT		State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT M. SABEL		Vice-President Name			
Street Address 50 WASHINGTON SQUARE		Street Address			
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name MARJORIE E. JENSEN		Treasurer Name PAUL MURPHY			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT M. SABEL		Director Name PAUL MURPHY			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name MARJORIE E. JENSEN		Director Name NONE			
Street Address 50 WASHINGTON SQUARE		Street Address NONE			
City NEWPORT	State RI	Zip 02840	City NONE	State NONE	Zip NONE
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative ROBERT M. SABEL				Date 6/26/2017	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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
JUL 12 2017
BY 574978 DS

FORM 631 - Revised: 06/2017