



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

Annual Report for the year:  
Corporation

2017

- 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 <b>90109</b>		2. Exact name of the Corporation <b>T2 BEAR ASSOCIATES INC.</b>												
3. Principal Office Address <b>1390 MENDON RD</b>		City <b>CUMBERLAND</b>		State <b>RI</b>	Zip <b>02864</b>									
4. NAICS Code <b>5579</b>		6. Brief description of the character of business conducted in Rhode Island <b>R.E. MANAGEMENT</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>SANDRA B LECOURS</b>			Vice-President Name											
Street Address <b>1390 MENDON RD</b>			Street Address											
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip									
Secretary Name			Treasurer Name <b>NORMAN E LECOURS</b>											
Street Address			Street Address <b>SAME</b>											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized <b>1000</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>NONE</b></td> <td><b>COMMON</b></td> <td><b>0</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>NONE</b>	<b>COMMON</b>	<b>0</b>			
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<b>NONE</b>	<b>COMMON</b>	<b>0</b>												
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. <b>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.</b>														
Name of Authorized Representative				Date										
Signature of Authorized Representative <b>Sandra B Lecours</b>														

**FILED**

AUG 07 2017

**1390 DS**