



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

STAMP

Annual Report for the year: 2017
Limited Liability Company

- Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 842468		2. Exact name of the Limited Liability Company STB, LLC	
3. NAICS Code 53110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 63 PERRY STREET		City NEWPORT	State RI
		Zip -2840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name LOUIS E. BALDI		Contact Title REGISTERED AGENT	
Street Address 445 BUDLONG ROAD		City CRANSTON	State RI
		Zip 02920	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 Person THOMAS TASCA		Date 9-5-17	
Signature of Authorized Person 			

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

SEP 15 2017

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FORM 632 - Revised: 08/2017