



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	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	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
 BY STOJ

 FORM 632 - Revised: 08/2017