



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

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 121591	2. Exact name of the limited liability company 4 B'S VENDING, LLC	3. NAICS Code U54210			
4. Brief description of the character of the business which is actually conducted in Rhode Island Vending machine sales		5. State of formation Rhode Island			
6. Principal office address PO Box 8981		City Cranston	State RI	Zip 02920	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Alfred U. Barbary, IV		Contact Title Manager			
Street Address PO Box 8981		City Cranston	State RI	Zip 02920	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Alfred U. Barbary, IV		Manager Name Joseph Barbary			
Street Address PO Box 8981		Street Address PO Box 8981			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

FILED

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

SEP 22 2017

BY 337 10

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.

Alfred U. Barbary, IV 9/7/2017
Signature of Authorized Person Date

Alfred U. Barbary, IV, Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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