



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

Annual Report for the year: 2018
Corporation

- 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 161182		2. Exact name of the Corporation BEAN'S MOBILE HOMES INC.			
3. Principal Office Address PO BOX 1375 (911 ADDRESS: 790 MAIN STREET)			City LYNDONVILLE	State VT	Zip 05851
4. NAICS Code 453930		6. Brief description of the character of business conducted in Rhode Island MANUFACTURED AND MODULAR HOME RETAILER			
5. State of Incorporation VT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARK A. BEAN			Vice-President Name NONE		
Street Address 790 MAIN STREET			Street Address		
City LYNDONVILLE	State VT	Zip 05851	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		NONE			
		NONE			
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.					
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 Representative MARK A. BEAN				Date 1/26/18	
Signature of Authorized Representative 				FILED	
SIGN YOUR REPORT JAN 31 2018					
BY 					