



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

FILED

Annual Report for the year: 2018
Corporation

FEB 07 2018

BY 1009

- 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 <u>41357</u>		2. Exact name of the Corporation <u>B+B Contracting Co of South County Inc</u>	
3. Principal Office Address <u>79 Small Pox Trail</u>		City <u>W. Kingston</u>	State <u>RI</u>
		Zip <u>02892</u>	
4. NAICS Code <u>236118</u>	6. Brief description of the character of business conducted in Rhode Island <u>Remodeling + Repairs</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>William F Rose</u>		Vice-President Name <u>William F Rose</u>	
Street Address <u>79 Small Pox Trail</u>		Street Address <u>79 Small Pox Trail</u>	
City <u>W. Kingston</u>	State <u>RI</u>	City <u>W. Kingston</u>	State <u>RI</u>
Zip <u>02892</u>		Zip <u>02892</u>	
Secretary Name <u>William F Rose</u>		Treasurer Name <u>William F Rose</u>	
Street Address <u>79 Small Pox Trail</u>		Street Address <u>79 Small Pox Trail</u>	
City <u>W. Kingston</u>	State <u>RI</u>	City <u>W. Kingston</u>	State <u>RI</u>
Zip <u>02892</u>		Zip <u>02892</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>William F Rose</u>		Director Name	
Street Address <u>79 Small Pox Trail</u>		Street Address	
City <u>W. Kingston</u>	State <u>RI</u>	City	State
Zip <u>02892</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <u>1000</u> Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.		10. Shares Issued <u>NONE</u>	
Changes require an additional filing.		NUMBER OF SHARES <u>NONE</u>	CLASS/SERIES <u>NONE</u>
		PAR VALUE <u>NONE</u>	
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 <u>William F Rose</u>		Date <u>2-1-18</u>	
Signature of Authorized Representative <u>William F Rose</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov