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: $60.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
97708 (94708)	CABOT HOUSE, INC.

3. Principal Office Address	City	State	Zip
10 INDUSTRIAL WAY	AMESBURY	MA	01913

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
5. State of Incorporation: RI	RETAIL SALES 541410

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ROBERT BENDETSON	MARGEAY BENDETSON
Street Address: SAME	Street Address: SAME
City / State / Zip	City / State / Zip
Secretary Name	**Treasurer Name**
ROBERT BENDETSON	ROBERT BENDETSON
Street Address: SAME	Street Address: SAME
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
ROBERT BENDETSON	MARGEAY BENDETSON
Street Address: SAME	Street Address: SAME
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized
This information is currently of record in the Department of State.
Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

Number of shares	Class/Series	$ Par Value
99	A	NONE
1	B	NONE
445	C	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	Date
ROBERT BENDETSON, PRES.	2/10/18

Signature of Authorized Representative

FILED

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

FEB 08 2018
BY 11573 DS

FORM 630 - Revised: 10/2017