



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 99708 <i>84908</i>		2. Exact name of the Corporation CABOT HOBBSE, INC.	
3. Principal Office Address 10 INDUSTRIAL WAY		City AMESBURY	State MA
		Zip 01913	
4. NAICS Code	5. Brief description of the character of business conducted in Rhode Island RETAIL SALES		
6. State of Incorporation RI	54410		
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name ROBERT BENDETSON		Vice-President Name MARGERY BENDETSON	
Street Address SAME		Street Address SAME	
City	State	City	State
Secretary Name ROBERT BENDETSON		Treasurer Name ROBERT BENDETSON	
Street Address SAME		Street Address SAME	
City	State	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name ROBERT BENDETSON		Director Name MARGERY BENDETSON	
Street Address SAME		Street Address SAME	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐	
Changes require an additional filing.		CLASSIFIED NONE	
		49	
		445	
		6	
		1	
		1	
		6	
		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 ROBERT BENDETSON, PRES.			Date 2/10/18
Signature of Authorized Representative 			