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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018 Corporation

STARP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

State of Incorporation RHODE ISLAND  7. List ALL officers (names and addresses)  President Name  DOUGLAS G. MANCOSH  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  State  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  State  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  State  Street Address  Check the box to indicate an attachment  Director Name  DOUGLAS G. MANCOSH  Director Name  DOUGLAS G. MANCOSH  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  State  Street Address  Check the box to indicate an attachment  Director Name  Director Name  Director Name  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  State  City State  Zip JUPITER  State  City State  Zip JUPITER  State  City State  Zip JUPITER  Director Name  Street Address  City State Zip  City State Zip  JUPITER  State Zip City State Zip  JUPITER  State Zip JUPITER  Director Name  Street Address  City State Zip ComMMON  \$1.00  Changes require an additional filing.  1,075 COMMON \$1.00  Changes require an additional filing.  This information is currently of record in the Comporation by an authorized representative. If the corporation is in the hands of a receiver 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  DOUGLAS G. MANCOSH, PRESIDENT	1. Entity ID Number	2. Exact nar	2. Exact name of the Corporation BB&S ACQUISITION CORP.					
P.O. BOX 982  4. NAICS Code 4. NAICS Code 4. NAICS Code 4. ALIC Scode 4. ALIC Scode 4. State of incorporation RHODE ISLAND  7. List ALL officers (names and addresses)  Check line box to indicate an attachment President Name DOUGLAS G. MANCOSH  Street Address  1. State of Incorporation RHODE ISLAND  7. List ALL officers (names and addresses)  Check line box to indicate an attachment President Name DOUGLAS G. MANCOSH  Street Address  1. State FL  2 p 33477  City  Street Address  1. State FL  2 p 33477  City  Street Address  1. State FL  2 p 33477  City  Street Address  1. State FL  2 p 33477  City  Street Address  1. State FL  2 p 33477  City  Street Address  1. State FL  2 p 33477  City  Street Address  1. State FL  2 p 33477  City  Street Address  1. Check the box to indicate an attachment DOUGLAS G. MANCOSH  Street Address  1. State FL  2 p 33477  City  Street Address  1. State FL  2 p 33477  City  Street Address  Check the box to indicate an attachment Director Name  DOUGLAS G. MANCOSH  Street Address  Check the box to indicate an attachment Director Name  Douglas G. MANCOSH  Street Address  City  Street Address  City  State  2 p  3. State FL  2 p 33477  City  Street Address  City  State  City	72252	BB&S A						
4. NAICS Code 4. B. Brief description of the character of business conducted in Rhode Island 4. THE PURCHASE, SALE AND TREATMENT OF LUMBER, LUMBER PRODUCTS AND HARDWARI 7. State of Incorporation RHODE ISLAND 7. List ALL officers (names and addresses) 7. Check the box to indicate an attachment President Name DOUGLAS G. MANCOSH 8. State FL 8.	3. Principal Office Address			City	<del></del>	State	Zip	
THE PURCHASE, SALE AND TREATMENT OF LUMBER, LUMBER PRODUCTS AND HARDWARD PRODUCTS  State of Incorporation RHODE ISLAND  7. List ALL Officers (names and addresses)  Check the box to indicate an attachment Vice-President Name  DOUGLAS G. MANCOSH  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  State FL  Zip 33477  City JUPITER  State Zip  Director Name  Direct	P.O. BOX 982			NORTH K	INGSTOWN	RI	02852	
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President Name  DOUGLAS G. MANCOSH  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  State FL  Zip 33477  City JUPITER  Director Name  Director Name  Street Address  Street Address  Street Address  City JUPITER  State Jup Jupiter  Jupiter  Jupiter Jupiter  Jupiter Jupi	7. List ALL officers (names a	and addresses)			Che	eck the box to i	ndicate an attachment	
Street Address  City JUPITER  State FL  Zip 33477  City  State  DONALD E. HARRIS  Street Address  1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  State FL  Zip 33477  City State  Zip  Director Name  Dorector Name  Director Name  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  City State  Zip  Director Name  Street Address  City State  Zip  Director Name  Street Address  City State  Zip  State FL  Zip  Street Address  City State  Zip  State FL  Zip  State FL  Zip  Street Address  City State  Zip  State FL  Zip  Stat	President Name DOUGLAS G. MANCOSH							
City JUPITER  State FL  Zip 33477  City State Zip  Secretary Name DOUGLAS G. MANCOSH  Treasurer Name DONALD E. HARRIS  Street Address 1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  State FL  Zip 33477  City State Zip  Director Name  Director Name  Street Address  City JUPITER  State FL  Zip City State Zip  Director Name  Street Address  City State Zip  Street Address  City State Zip  Street Address  City State Zip  3. Street Address  City State Zip  3. Shares Authorized  10. Shares Issued Check the box to indicate an attachment Numeror of State.  Changes require an additional filing.  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 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  DougLaS G. Mancosh, PRESIDENT  Signature of Authorized Representative		Street Address						
Secretary Name DOUGLAS G. MANCOSH  Street Address 1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  State FL  Zip 33477  Street Address 1001 NORTH U.S. HIGHWAY 1, SUITE 702  Street Address 1001 NORTH U.S. HIGHWAY 1, SUITE 702  City JUPITER  Director Name DOUGLAS G. MANCOSH  Street Address 1001 NORTH U.S. HIGHWAY 1, SUITE 702  City State FL  Zip 33477  City State Zip  Director Name  Director Name  Director Name  Director Name  Street Address  City State Zip  State Zip  Street Address  City State Zip  State Zip  State In In Information is currently of record in the Department of State.  In Information is currently of record in the Department of State.  Changes require an additional filling.  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 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  DougLAS G. MANCOSH, PRESIDENT  Signature of Authorized Representative				City		State	Zip	
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Name of Authorized Representative  DOUGLAS G. MANCOSH, PRESIDENT  Signature of Authorized Representative  Date  25  , 2018					including any acc	ompanying s	chedules and	
Signature of Authoxized Representative			nerenrare true ar	id correct.	·	Date	<del></del>	
	DOUGLAS G. MANCOSH,	PRESIDENT			_	1/25	2018	
	Signature of Authorized Repr	resentative	SIGN DO	CUMENTHE	(5)	· ·		
FEB 11 9 2018	111		— <u>"</u>		<u></u>			

Date: 2/9/2018 4:00:00 PM

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov