



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 512989		2. Exact name of the Corporation BMB BUILDING & REMODELING, INC.			
3. Principal Office Address 132 OLD RIVER ROAD, SUITE 205			City LINCOLN	State RI	Zip 02865
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island TO ACT AS A GENERAL CONSTRUCTOR FOR BUILDING AND REMODELING CONSTRUCTION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRIAN MONFILS			Vice-President Name DEBORAH J. MONFILS		
Street Address P.O. BOX 205			Street Address P.O. BOX 205		
City NORTH SCITUATE	State RI	Zip 02859	City NORTH SCITUATE	State RI	Zip 02859
Secretary Name BRIAN MONFILS			Treasurer Name DEBORAH J. MONFILS		
Street Address P.O. BOX 205			Street Address P.O. BOX 205		
City NORTH SCITUATE	State RI	Zip 02859	City NORTH SCITUATE	State RI	Zip 02859
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BRIAN MONFILS			Director Name DEBORAH J. MONFILS		
Street Address P.O. BOX 205			Street Address P.O. BOX 205		
City NORTH SCITUATE	State RI	Zip 02859	City NORTH SCITUATE	State RI	Zip 02859
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 <input type="checkbox"/>		
			NUMBER OF SHARES 500	CLASS/SERIES STK	PAR VALUE NO PAR
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 BRIAN MONFILS, PRESIDENT				Date 2-11-18	
Signature of Authorized Representative <i>Brian Monfils Pres.</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FEB 26 2018

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