



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.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 798760		2. Exact name of the Corporation Bea's Dream, Inc.			
3. Principal Office Address PO Box C, Dodge Street			City Block Island	State RI	Zip 02807
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operating a restaurant.			
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 Lorraine Cyr			Vice-President Name		
Street Address PO Box C, Dodge Street			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Secretary Name Lorraine Cyr			Treasurer Name Lorraine Cyr		
Street Address PO Box C, Dodge Street			Street Address PO Box C, Dodge Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Lorraine Cyr, President					Date 3-27-18
Signature of Authorized Representative <i>Lorraine Cyr</i>					
SIGN DOCUMENT HERE					

FILED

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

MAR 29 2018

BY 22107 DS

FORM 630 - Revised: 10/2017