



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

DEC 31 2018

BY ACC 2566

1. Entity ID Number 798508		2. Exact name of the Corporation BS MANAGEMENT, INC.			
3. Principal Office Address 1590 Mineral Spring Avenue		City North Providence		State RI	Zip 02904-0000
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island to operate a supermarket			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert J. Shore			Vice-President Name Scott D. Shore		
Street Address 1590 Mineral Spring Avenue			Street Address 1590 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
Secretary Name Scott D. Shore			Treasurer Name Scott D. Shore		
Street Address 1590 Mineral Spring Avenue			Street Address 1590 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Donald E. Shore			Director Name Robert J. Shore		
Street Address 1590 Mineral Spring Avenue			Street Address 1590 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
Director Name Scott D. Shore			Director Name none		
Street Address 1590 Mineral Spring Avenue			Street Address none		
City North Providence	State RI	Zip 02904-	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100	Common	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 Robert J. Shore				Date 1/07/2019	
Signature of Authorized Representative 					