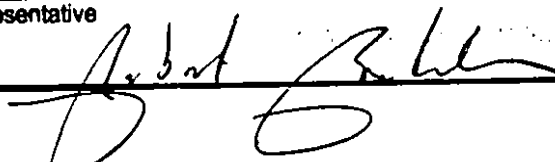




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 84708		2. Exact name of the Corporation CABOT HOUSE, INC.			
3. Principal Office Address 10 INDUSTRIAL WAY		City AMESBURY		State MA	Zip 01913
4. NAICS Code 454110		6. Brief description of the character of business conducted in Rhode Island RETAIL SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT BENDETSON		Vice-President Name MARGERY BENDETSON			
Street Address SAME		Street Address SAME			
City	State	Zip	City	State	Zip
Secretary Name ROBERT BENDETSON		Treasurer Name ROBERT BENDETSON			
Street Address SAME		Street Address SAME			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT BENDETSON		Director Name MARGERY BENDETSON			
Street Address SAME		Street Address SAME			
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
		49		A	NONE
		445		B	NONE
				C	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 1/15/2019	
Signature of Authorized Representative 				FILED	

JAN 22 2019

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

BY 14679 FORM 630 - Revised: 10/2017