RI SOS Filing Number: 201986486950 Date: 2/12/2019 4:00:00 PM

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	→ Filir → Filir → Pen	١g
	1. Entity 65606	IC
	3. Princip 60 Ocea	n
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	5. State (8
	7. List AL President	
1	Street Add	Ire

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

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00) fee if form is no	t filed by April 1.							
1. Entity ID Number 65606		2. Exact name of the Corporation R B Howes & Co., Inc.							
Principal Office Address Ocean State Drive	City North Kingstown		stown	State RI	Zip 02852				
4. NAICS Code 5 4 9 5 5. State of Incorporation Rhode Island		Brief description of the character of business conducted in Rhode Island Sale and marketing company for automotive fuel conditions.							
7. List ALL officers (names and a	ddresses)			Che	ck the box to i	ndicate an attachment 🗖			
President Name Robert B. Howes	Vice-President Name Robert B. Howes								
Street Address 60 Ocean State D	Street Address 60 Ocean State Drive City North Kingstown State RI Zip 02852								
City North Kingstown	State RI	Zip 02852		City North Kingstown		^{Zip} 02852			
Secretary Name Robert B. Howe:	Treasurer Name Robert B. Howes								
Street Address 60 Ocean State D	Street Address 60 Ocean State Drive City North Kingtown State RI Zip 02852								
City North Kingstown	State RI	Zip 02852	City North K	City North Kingtown		^{Zıp} 02852			
8 List ALL directors (names and	addresses)		Check the box to indicate an attachment						
Director Name Robert B. Howes	Director Name Robert B. Howes II								
Street Address 60 Ocean State D	Street Address 60 Ocean State Drive								
City North Kingstown	State RI	^{Zip} 02852	City North Ki	City North Kingstown		^{Zip} 02852			
Director Name Deborah Howes	Director Name								
Street Address 60 Ocean State D	Street Address								
City North Kingstown	State RI	Zip 02852	City	City		Zip			
9. Shares Authorized		10. Shares Iss				indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		100	NUVEER OF SHARES		ting	none			
		900		Class B Non-voting		none			
11. This report must be executed	d on behalf of the	corporation by an	authorized repres	sentative. If the co	rporation is in	the hands of a receiver or			
trustee, this report must be exec Under penalty of perjury, I dec	lare and affirm t	hat i have examin	ed this report, is	ustee. ncluding any acc	ompanying s	chedules and			
statements, and that all statem Name of Authorized Representa		herein are true ar	nd correct.		Date				
Robert B. Howes, President		1/29/19							
Signature of Authorized Represe	entative	96V 00	COMENT PER.						
				 ED					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 1 2 2019



FORM 630 - Revised: 10/2017