



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

Annual Report for the year: 2018  
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED  
MAY 31 2019  
BY 1445 DS

|                                                                                                                                                                                                      |       |                                                                                                                                                                             |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1. Entity ID Number<br><u>000877742</u>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><u>P &amp; B Enterprises LLC</u>                                                                                          |                                        |
| 3. NAICS Code<br><u>238330</u>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Rental Property TO. COMMERCIAL</u><br><u>AUTHORITY FLOORING INC CARPET &amp; FLOORING</u> |                                        |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |       |                                                                                                                                                                             |                                        |
| 6. Principal Office Address<br><u>27 Libera St</u>                                                                                                                                                   |       | City<br><u>Cranston</u>                                                                                                                                                     | State<br><u>RI</u> Zip<br><u>02920</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                                                                                             |                                        |
| Contact Name<br><u>Peter Carpentier</u>                                                                                                                                                              |       | Contact Title                                                                                                                                                               |                                        |
| Street Address<br><u>141 Rome Dr</u>                                                                                                                                                                 |       | City<br><u>Cranston</u>                                                                                                                                                     | State<br><u>RI</u> Zip<br><u>02921</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                                                                                             |                                        |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                                                                                                |                                        |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                                                                                              |                                        |
| City                                                                                                                                                                                                 | State | City                                                                                                                                                                        | State                                  |
| Zip                                                                                                                                                                                                  |       | Zip                                                                                                                                                                         |                                        |
| Manager Name<br><u>PETER CARPENTIER</u>                                                                                                                                                              |       | Manager Name                                                                                                                                                                |                                        |
| Street Address<br><u>12</u>                                                                                                                                                                          |       | Street Address                                                                                                                                                              |                                        |
| City                                                                                                                                                                                                 | State | City                                                                                                                                                                        | State                                  |
| Zip                                                                                                                                                                                                  |       | Zip                                                                                                                                                                         |                                        |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |       |                                                                                                                                                                             |                                        |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                            |       |                                                                                                                                                                             |                                        |
| 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 Person<br><u>Peter J. Carpentier</u>                                                                                                                                              |       | Date<br><u>5-28-19</u>                                                                                                                                                      |                                        |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                 |       | SIGN DOCUMENT HERE                                                                                                                                                          |                                        |

MAIL TO:  
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