RI SOS Filing Number: 201900943930 Date: 7/1/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:
Non-Profit Corporation

9019

→ Filing period June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty Additional \$25.00 fee if form is not filed by July 30.

FILED								
	JUL 0 1 2019 5							
.11	925/1319							

1. Entity ID Number <b>275790</b>	2. Exact name of the Corporation LBB CORP.							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RHODE ISLAND	Solo general partner of a limited partnership formed to provide elderly persons							
4. NAICS Code	1							
624229 - Other Community F								
6. Principal Office Address			City	State	Zip			
50 WASHINGTON SQUARE			NEWPORT	RI	02840			
7. List ALL officers (names and add	iresses)	· · · · · · · · · · · · · · · · · · ·	Che	eck the box to indicate	an attachment 🔲			
President Name ROBERT M. SAE	BEL		Vice-President Name MARJORIE E. JENSEN					
Street Address 50 WASHINGTON	SQUARE		Street Address 1724 CRANDALL ROAD					
City NEWPORT	State RI	<sup>2ip</sup> 02840	City TIVERTON	State RI	Zip 02878			
Secretary Name KARENLU LAPO	LICE	· · —	Treasurer Name PAUL MURPHY					
Street Address 50 ANGEL AVEN	JE		Street Address 50 WASHINGTON SQUARE					
City NORTH KINGSTOWN	State RI	<sup>Zıp</sup> 02852	City NEWPORT	State RI	<sup>Zip</sup> 02840			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment								
Director Name ROBERT M. SABE	L		Director Name PAUL MURPHY					
Street Address 50 WASHINGTON	N SQUARE		Street Address 50 WASHINGTON SQUARE					
City NEWPORT	State RI	<sup>Zip</sup> 02840	City NEWPORT	State RI	<sup>Zip</sup> <b>02840</b>			
Director Name MARJORIE E. JE	NSEN		Director Name KARENLU POLICE					
Street Address 1724 CRANDALL	ROAD	· · · · ·	Street Address 50 ANGEL AVENUE					
City NEWPORT	State RI	Zip 02840	City NORTH KINGSTOWN	State RI	Zip 02852			
9. Registered Agent in Rhode Islan	d. This information i	s currently of record	in the Department of State. Changes re	quire filing Form 641				
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.								
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee								
Name of Officer/Authorized Repres	Date							
ROBERT M. SABEL	6/20/2019							
Signature of Offices/Authorized Representative SIGN DOCUMENT HERE								

MAR TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov