



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

FILED

Annual Report for the year: 2020
Corporation

JAN 08 2023

BY

[Handwritten signature]

- 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 310342		2. Exact name of the Corporation CAB ENTERPRISES, LTD.				
3. Principal Office Address 38 SANDERSON ROAD			City SMITHFIELD	State RI	Zip 02917	
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island SALON AND SPA SALES AT RETAIL.				
5. State of Incorporation RHODE ISLAND						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name CAROL A BEAUMIER			Vice-President Name KENNETH BEAUMIER			
Street Address 38 SANDERSON ROAD			Street Address 38 SANDERSON ROAD			
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917	
Secretary Name KENNETH BEAUMIER			Treasurer Name CAROL A. BEAUMIER			
Street Address 38 SANDERSON ROAD			Street Address 38 SANDERSON ROAD			
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name NONE			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized						
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		200		COMMON		\$1.00
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 CAROL A BEAUMIER					Date 12/17/2019	
Signature of Authorized Representative <i>x Carol Beaumier</i>						

MAIL TO:
 Division of Business Services
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