



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

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 JAN 13 2020
 STAMP
 BY 2818
 JON

1. Entity ID Number 798508		2. Exact name of the Corporation BS MANAGEMENT, INC.			
3. Principal Office Address 1590 Mineral Spring Avenue		City North Providence		State RI	Zip 02904-0000
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island to operate a supermarket			
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 J. Shore		Vice-President Name Scott D. Shore			
Street Address 1590 Mineral Spring Avenue		Street Address 1590 Mineral Spring Avenue			
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
Secretary Name Scott D. Shore		Treasurer Name Scott D. Shore			
Street Address 1590 Mineral Spring Avenue		Street Address 1590 Mineral Spring Avenue			
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Donald E. Shore		Director Name Robert J. Shore			
Street Address 1590 Mineral Spring Avenue		Street Address 1590 Mineral Spring Avenue			
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
Director Name Scott D. Shore		Director Name none			
Street Address 1590 Mineral Spring Avenue		Street Address none			
City North Providence	State RI	Zip 02904-	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par
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 J. Shore President				Date 1/06/2020	
Signature of Authorized Representative SIGN DOCUMENT HERE PR653060					

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