



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

STAMP

JAN 15 2020

BY 12700 PS FOR

1. Entity ID Number 000128056		2. Exact name of the Corporation B & M Waterworks, Inc.			
3. Principal Office Address 25 Bridge Street			City Providence	State RI	Zip 02903
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island Operation of a restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Eben Bates			Vice-President Name Joshua Miller		
Street Address 25 Bridge Street			Street Address 25 Bridge Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Joshua Miller			Treasurer Name Eben Bates		
Street Address 25 Bridge Street			Street Address 25 Bridge Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Eben Bates			Director Name Joshua Miller		
Street Address 25 Bridge Street			Street Address 25 Bridge Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			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. <b>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.</b>					
Name of Authorized Representative Eben Bates, President <u>Eben Bates</u>					Date 1/7/20
Signature of Authorized Representative					
SIGN DOCUMENT HERE					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017