RI SOS Filing Number: 202032943890 Date: 1/22/2020 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division				on FILED			
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. 			JAN 2 2 2020 BY				
1. Entity ID Number 123708	2. Exact name of the Corporation B&T INTERIORS, INC.						
3. Principal Office Address 350 Kinsley Avenue, Building 43			City Providence		State RI	Z _{IP} 02903	
4. NAICS Code 23 - Construction 5. State of Incorporation RHODE ISLAND	6. Brief description of the character of business conducted in Rhode Island TO PERFORM MILLWORK INSTALLATION						
7. List ALL officers (names and addresses) Check the box to indicate an attach						dicate an attachment 🔲	
President Name Gary Beaune			Vice-President Name Gail Beaune				
Street Address 350 Kinsley Avenue, Building 43			Street Address 350 Kinsley Avenue, Building 43				
City Providence	State RI	Zip 02903	City Provide			^{Zip} 02903	
Secretary Name Gary Beaune			Treasurer Name Gary Beaune				
Street Address 350 Kinsley Avenue, Building 43			Street Address 350 Kinsley Avenue, Building 43				
Providence	State RI	^{Zip} 02903	City Providence		State RI	^{Zip} 02903	
8 List ALL directors (names and addresses) Check the box to indicate an att Director Name Director Name						ndicate an attachment 🔲	
None	Director Name None						
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
9. Shares Authorized		10. Shares Issu			ne box to ir	ndicate an attachment 🔲	
This information is currently of recor Department of State.	rd in the	NUVBER OF S	SHARES	CLASS/SERIES Common		No Par	
Changes require an additional filing.							
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 Gary Beaune, President Date 1—8-20							
Signature of Authorized Representative							
SIGN DOWENT HERE							
MAIL TO:		0					

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615

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