



FILED
 JAN 30 2020 A.M.
 BY *[Signature]*

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.

1. Entity ID Number 000939827		2. Exact name of the Corporation QBM, INC.			
3. Principal Office Address 2 CHZARLES STREET, 4TH FLOOR			City PROVIDENCE	State RI	Zip 02904
4. NAICS Code 811310		6. Brief description of the character of business conducted in Rhode Island CONVEYOR BELT MAINTENANCE AND REPAIR, SALE OF INDUSTRIAL RUBBER PRODUCTS AND CONVEYOR ACCESSORIES			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID PATRICK THYRET			Vice-President Name N/A		
Street Address 91 DRUMMOND CRESCENT			Street Address		
City FORT ERIE	State ONTARIO	Zip L2A 1L4	City	State	Zip
Secretary Name PATRICIA DIANNE THYRET			Treasurer Name EDGAR PATRICK THYRET		
Street Address 2 REGENCY PLAZA, APT. 712 W			Street Address 2 REGENCY PLAZA, APT. 712 W		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID PATRICK THYRET			Director Name PATRICIA DIANNE THYRET		
Street Address 91 DRUMMOND CRESCENT			Street Address 2 REGENCY PLAZA, APT. 712 W		
City FORT ERIE	State ONTARIO	Zip L2A 1L4	City PROVIDENCE	State RI 02903	Zip
Director Name EDGAR PATRICK THYRET			Director Name ..		
Street Address 2 REGENCY PLAZA, APT. 712 W			Street Address ..		
City PROVIDENCE	State RI	Zip 02903	City ..	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		610.00		PNP	\$0.00
		1,500.00		CNP	\$0.00
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 PATRICIA DIANNE THYRET				Date JAN. 28, 2020	
Signature of Authorized Representative <i>Patricia Dianne Thyret</i> SIGN DOCUMENT HERE					