



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

FEB 10 2020

BY

230414

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1. Entity ID Number 72252		2. Exact name of the Corporation BB&S ACQUISITION CORP.			
3. Principal Office Address P.O. BOX 982			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 423310		6. Brief description of the character of business conducted in Rhode Island THE PURCHASE, SALE AND TREATMENT OF LUMBER, LUMBER PRODUCTS AND HARDWARE PRODUCTS			
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 DOUGLAS G. MANCOSH			Vice-President Name		
Street Address 1001 NORTH U.S. HIGHWAY 1, SUITE 702			Street Address		
City JUPITER	State FL	Zip 33477	City	State	Zip
Secretary Name DOUGLAS G. MANCOSH			Treasurer Name DOUGLAS G. MANCOSH		
Street Address 1001 NORTH U.S. HIGHWAY 1, SUITE 702			Street Address 1001 NORTH U.S. HIGHWAY 1, SUITE 702		
City JUPITER	State FL	Zip 33477	City JUPITER	State FL	Zip 33477
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DOUGLAS G. MANCOSH			Director Name		
Street Address 1001 NORTH U.S. HIGHWAY 1, SUITE 702			Street Address		
City JUPITER	State FL	Zip 33477	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			1,075	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 DOUGLAS G. MANCOSH, PRESIDENT				Date 2/5 , 2020	
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