



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections for: 1. Corporate ID No. (113093), 2. Name of Corporation (B B STUBS, INC.), 3. Street Address (7 FORESTDALE DRIVE), 4. Business Phone No. (401-826-1755), 5. State of Incorporation (RHODE ISLAND), 7. Brief Description of the Character of Business (TO OPERATE A REAL ESTATE COMPANY), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: PAUL R. MONFILS, Vice President: SCOTT A. HARVEY), 9. NAMES AND ADDRESSES OF THE DIRECTORS (NONE), 10. SHARES AUTHORIZED (500 NO PAR VALUE), 11. SHARES ISSUED (NONE).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 1/4/05
Check No.: 441
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: [Signature]
Date: 1-3-2005
Print or Type Name of Officer: SCOTT A. HARVEY
Title of Officer: VICE-PRESIDENT



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections for: 1. Corporate ID No. (113093), 2. Name of Corporation (B B STUBS, INC.), 3. Street Address (7 Forestdale Drive, Coventry, RI, 02816), 5. State of Incorporation (RHODE ISLAND), 7. Brief Description (TO OPERATE A REAL ESTATE COMPANY), 8. Names and Addresses of Officers (President: PAUL R MONFILLS, Vice President: SCOTT A HARVEY), 9. Names and Addresses of Directors (NONE), 10. Shares Authorized (500 NO PAR VALUE), 11. Shares Issued (500 COMMON NO PAR).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 3 0 9 3 *

File Date: 1-7-04
Check No.: 408
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature]
Date: 1-5-04
PAUL R MONFILLS / President
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **113093** 2. Name of Corporation **B B STUBS, INC.**
3. Street Address Principal Business Office **7 Forestdale Drive** City **Coventry** State **R.I.** Zip **02816**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To Operate a Real Estate Company

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILE IN SPACES BEFORE USING ATTACHMENTS**

President Name Paul R Montfils	Vice President Name Scott A Harvey
Street Address 7 Forestdale Drive	Street Address 7 Forestdale Drive
City Coventry State R.I. Zip 02818	City Coventry State R.I. Zip 02818
Treasurer Name Scott A Harvey	Secretary Name Paul R Montfils
Street Address Same as above	Street Address Same as above
City Same as above State Same as above Zip Same as above	City Same as above State Same as above Zip Same as above

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILE IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
500 NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
500	Common	No PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **3-6-03**
Check No.: **391**
By: **UP**

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.
Signature of Officer: **Paul R Montfils** Date: **2/17/03**
Print or Type Name of Officer: **PAUL R. MONTFILS**
Title of Officer: **President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *113093*		2. Name of Corporation B B STUBS, INC.			
3. Street Address Principal Business Office 7 FORESTDALE DRIVE			City COVENTRY	State RI	Zip 02816-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A REAL ESTATE COMPANY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAUL R MONFELS			Vice President Name SCOTT A HARVEY		
Street Address 7 FORESTDALE DRIVE			Street Address 7 FORESTDALE DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name PAUL R MONFELS			Treasurer Name SCOTT A HARVEY		
Street Address 7 FORESTDALE DRIVE			Street Address 7 FORESTDALE DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	NO PAR VALUE		500	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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113093 DBC8/13/021:55:20 PM

File Date 8-14-02

Check No. 381

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 8-16-2002
Signature of Officer Date
PAUL R MONFELS
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **113093** 2. Name of Corporation **B B STUBS, INC.**
3. Street Address Principal Business Office **7 FORESTDALE DRIVE** City **COVENTRY** State **RI** Zip **02816**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A REAL ESTATE COMPANY. TO BUY, SELL & LEASE REAL ESTATE ALL PHASES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name PAUL R MONFILS Street Address 7 FORESTDALE DR. City COVENTRY State RI Zip 02816	Vice President Name SCOTT A. HARVEY Street Address 7 FORESTDALE DR. City COVENTRY State RI Zip 02816
Secretary Name PAUL R MONFILS Street Address SAME AS ABOVE City SAME State Zip	Treasurer Name SCOTT A HARVEY Street Address SAME AS ABOVE City SAME State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
500 NO PAR VALUE	500 COMMON NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 3 0 9 3 *

File Date: 5-8-01
Check No.: 200
By: [Signature]

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.

Paul R Monfil 3/1/01
Signature of Officer Date

PRESIDENT
Print or Type Name of Officer
Title of Officer