State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JAN 12 P 2:57

1. Entity ID Number	2. Exact name of the Corporation			
000001838	B.Z.B. Enterprises, Inc.			
3. Principal Office Address		City	State	Zip
1114 Douglas Pike		Smithfield	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	Full Service Restaurant			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Dennis Parente			Vice-President Name: Lawrence Parente		
Street Address: 55 Cedar Island Road			Street Address: 90 Rear Pontiac Street		
City: Narragansett	State: RI	Zip: 02882	City: Warwick	State: RI	Zip: 02886
Secretary Name: Janet Parente			Treasurer Name: Dennis and Janet Parente		
Street Address: 30 Carver Lane			Street Address: 55 Cedar Island Road		
City: Narragansett	State: RI	Zip: 02882	City: Narragansett	State: RI	Zip: 02882

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Comon	No Par Value

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	Date
Dennis Parente	1.7.21

Signature of Authorized Representative

FILED 2:57
JAN 13 2021
BY 000087387X

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: 08/2020