



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.

FILED

FEB 17 2021

BY

4353

1. Entity ID Number 512989		2. Exact name of the Corporation BMB BUILDING & REMODELING, INC.			
3. Principal Office Address 27A ROUNDHILL ROAD			City FOSTER	State RI	Zip 02825
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island TO ACT AS A GENERAL CONTRACTOR FOR BUILDING AND REMODELING CONSTRUCTION			
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 BRIAN MONFILS			Vice-President Name DEBRA J. MONFILS		
Street Address P.O. BOX 205			Street Address P.O. BOX 205		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name BRIAN MONFILS			Treasurer Name DEBRA J. MONFILS		
Street Address P.O. BOX 205			Street Address P.O. BOX 205		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name BRIAN MONFILS			Director Name DEBRA J. MONFILS		
Street Address P.O. BOX 205			Street Address P.O. BOX 205		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	STK	NO PAR
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 BRIAN MONFILS, PRESIDENT					Date 2-9-21
Signature of Authorized Representative <i>Brian Monfils Pres.</i>					

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