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
MAR 04 2021 STAMP
BY 3114 FOR

1. Entity ID Number	2. Exact name of the Corporation
798508	BS MANAGEMENT, INC.

3. Principal Office Address	City	State	Zip
1590 Mineral Spring Avenue	North Providence	RI	02904-0000

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445110	to operate a supermarket
5. State of Incorporation: RI	

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

President Name	Street Address	City	State	Zip
Robert J. Shore	1590 Mineral Spring Avenue	North Providence	RI	02904-

Vice-President Name	Street Address	City	State	Zip
Scott D. Shore	1590 Mineral Spring Avenue	North Providence	RI	02904-

Secretary Name	Street Address	City	State	Zip
Scott D. Shore	1590 Mineral Spring Avenue	North Providence	RI	02904-

Treasurer Name	Street Address	City	State	Zip
Scott D. Shore	1590 Mineral Spring Avenue	North Providence	RI	02904-

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

Director Name	Street Address	City	State	Zip
Donald E. Shore	1590 Mineral Spring Avenue	North Providence	RI	02904-

Director Name	Street Address	City	State	Zip
Robert J. Shore	1590 Mineral Spring Avenue	North Providence	RI	02904-

Director Name	Street Address	City	State	Zip
Scott D. Shore	1590 Mineral Spring Avenue	North Providence	RI	02904-

Director Name	Street Address	City	State	Zip
none	none	none	none	none

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
100	Common	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		Date
Robert J. Shore	President	1/04/2021

Signature of Authorized Representative

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