RI SOS Filing Number: 202195745960 Date: 4/14/2021 2:09:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 APR 14 P 2:07

1. Entity ID Number	2. Exact name of the Corporation			
1670298	**BEEF ENTERTAINMENT CORP**			
3. Principal Office Address		City	State	Zip
13 ELIZABETH STREET APT 2		**Cumberland**	**RI**	**02864**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
711410	**ENTERTAINMENT BUSINESS SUPPLY MUSIC AND DJ SERVICE FOR EVENT**			
5. State of Incorporation				
RHODE ISLAND				

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

President Name **KEITH ROBINSON**			Vice-President Name **NONE**		
Street Address **13 ELIZABETH STREET APT 2**			Street Address		
City **Cumberland**	State **RI**	Zip **02864**	City	State	Zip
Secretary Name **NONE**			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name **KEITH ROBINSON**			Director Name **NONE**		
Street Address **13 ELIZABETH STREET APT 2**			Street Address		
City **Cumberland**	State **RI**	Zip **02864**	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
8000	**COMMON STOCK**	**01**

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
Keith E Robinson	2/28/2020

Signature of Authorized Representative: Keith E Robinson

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 14 2021
BY CH HAFEZ
2:09