

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 APR 14 P 2:07

1. Entity ID Number 1670298		2. Exact name of the Corporation BEEF ENTERTAINMENT CORP			
3. Principal Office Address 13 ELIZABETH STREET APT 2		City Cumberland		State RI	Zip 02864
4. NAICS Code 711410		6. Brief description of the character of business conducted in Rhode Island 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		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		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 Keith Robinson				Date 2/25/2020	
Signature of Authorized Representative Keith 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 **HAFA**

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