



State of Rhode Island  
**Department of State - Business Services Division**

STAMP

**Annual Report for the year: 2021 Amended Corporation**

- Filing period: January 1 - March 1
- Filing Fee: ~~\$50.00~~ *No Fee*
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>1670298</b>		2. Exact name of the Corporation <b>Beef Entertainment Corp.</b>			
3. Principal Office Address 13 Elizabeth Street		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 events			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Keith Robinson			Vice-President Name		
Street Address 13 Elizabeth Street Apt. 2			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Keith Robinson			Director Name		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		8000			\$60.00
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.					
<b>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.</b>					
Name of Authorized Representative Keith Robinson					Date 4-19-2021
Signature of Authorized Representative <i>Keith Robinson</i>					

APR 21 2021  
 DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION  
 PM 12:59

**FILED** <sup>M</sup>

APR 21 2021  
 BY *CA* 12:59



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 21, 2021 12:59 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

