



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 1670298		2. Exact name of the Corporation Beef Entertainment Corp.				
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) Check the box to indicate an attachment <input type="checkbox"/>					APR 21 2021 PM 12:59 DEPT OF STATE BUSINESS DIV	
President Name Keith Robinson		Vice-President Name				
Street Address 13 Elizabeth Street Apt. 2		Street Address				
City Cumberland	State RI	Zip 02864	City	State		
Secretary Name		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 <input type="checkbox"/>						
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 Check the box to indicate an attachment <input type="checkbox"/>				
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.						
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 4-19-2021	
Signature of Authorized Representative <i>Keith Robinson</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

FILED ^M
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 BY *CA* 12:59