



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

JUN 02 2021

STAMP

BY

281

1. Entity ID Number 17085016		2. Exact name of the Corporation BC&BB, INC												
3. Principal Office Address 965 SMITHFIELD AVE			City LINCOLN		State RI									
			Zip 02865											
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIR AND MAINTENANCE												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name CAROL RIVERS			Vice-President Name NONE											
Street Address 965 SMITHFIELD AVE			Street Address											
City LINCOLN	State RI	Zip 02865	City	State	Zip									
Secretary Name NONE			Treasurer Name NONE											
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 NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name NONE			Director Name NONE											
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 ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>5000</td> <td>STK</td> <td>1.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	5000	STK	1.0000			
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5000	STK	1.0000												
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 CAROL RIVERS				Date 5/27/2021										
Signature of Authorized Representative <i>Carol Rivers</i>														