RI SOS Filing Number: 202199485240 Date: 7/22/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation
→ Filing period June 1 - June 30
→ Filing Fee: $20.00
→ Penalty Additional $25.00 fee if form is not filed by July 30.

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JUL 22 2021
1682

1. Entity ID Number	2. Exact name of the Corporation
275790	LBB CORP.
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: Solo general partner of a limited partnership formed to provide elderly persons
4. NAICS Code: 624229 - Other Community Hou	

6. Principal Office Address	City	State	Zip
50 WASHINGTON SQUARE	NEWPORT	RI	02840

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

President Name: ROBERT M. SABEL			Vice-President Name: MARJORIE E. JENSEN		
Street Address: 50 WASHINGTON SQUARE			Street Address: 425 SAMPAN AVENUE		
City: NEWPORT	State: RI	Zip: 02840	City: JAMESTOWN	State: RI	Zip: 02835
Secretary Name: LARENLU LAPOLICE			Treasurer Name: PAUL MURPHY		
Street Address: 50 ANGEL AVENUE			Street Address: 50 WASHINGTON SQUARE		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City: NEWPORT	State: RI	Zip: 02840

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: ROBERT M. SABEL			Director Name: PAUL MURPHY		
Street Address: 50 WASHINGTON SQUARE			Street Address: 50 WASHINGTON SQUARE		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840
Director Name: MARJORIE E JENSEN			Director Name: KARENLU LAPOLICE		
Street Address: 425 SAMPAN AVENUE			Street Address: 50 ANGEL AVENUE		
City: JAMESTOWN	State: RI	Zip: 02835	City: NORTH KINGSTOWN	State: RI	Zip: 02852

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
ROBERT M. SABEL	6/18/2021

Signature of Officer/Authorized Representative

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

FORM 631 - Revised: 08/2020