



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.

FILED

STAMP

JUL 22 2021

1682

1. Entity ID Number 275790		2. Exact name of the Corporation 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 50 WASHINGTON SQUARE			City NEWPORT	State RI	Zip 02840
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 ROBERT M. SABEL				Date 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