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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 JAN 11 PM 3:19 STAMP

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000910811		2. Exact name of the Corporation CMB Enterprises, Inc.			
3. Principal Office Address 165 Wilson Avenue			City Rumford	State RI	Zip 02916
4. NAICS Code 541611		5. Brief description of the character of business conducted in Rhode Island Business, IT and HR consulting services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Cindy Bessette			Vice-President Name Cindy Bessette		
Street Address 165 Wilson Avenue			Street Address 165 Wilson Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name Cindy Bessette			Treasurer Name Cindy Bessette		
Street Address 165 Wilson Avenue			Street Address 165 Wilson Avenue		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASSIFIED PAR VALUE	
		1000			
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 Cindy Bessette				Date 1/5/2023	
Signature of Authorized Representative 					

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

FILED

JAN 11 2023

FORM 638 - Revised: 11/2021

BY BTYJK
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