State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Corporation		
000910811	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 ☐

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 0291	Zip:	City: Rumford	State: RI 0291	Zip:

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

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 — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	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	Date
Cindy Bessette	1/5/2023

Signature of Authorized Representative: Cindy Bessette

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
JAN 11 2023
BY BRK
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FORM 630 - Revised: 11/2021