



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP

FEB 14 2023

BY

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DS

1. Entity ID Number 41357		2. Exact name of the Corporation B+B Contracting Co of South County Inc			
3. Principal Office Address 79 Small Pox Trail		City Richmond		State RI	Zip 02892
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Remodeling, Repairs, Maintenance			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William F Rose			Vice-President Name William F Rose		
Street Address 79 Small Pox Trail			Street Address		
City Richmond	State RI	Zip 02892	City	State	Zip
Secretary Name William F Rose			Treasurer Name William F Rose		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William F Rose			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 1000		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		NONE			NONE
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 William F. Rose				Date 2-6-23	
Signature of Authorized Representative Wm F Rose					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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