

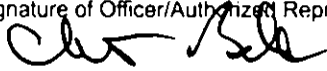


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 MAY 22 PM 2:25

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					
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 KARENLU LAPOLICE		Treasurer Name NONE			
Street Address 50 ANGEL AVENUE		Street Address NONE			
City NORTH KINGSTOWN	State RI	Zip 02852	City NONE	State NONE	Zip NONE
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 KARENLU LAPOLICE			
Street Address 50 WASHINGTON SQUARE		Street Address 50 ANGEL AVENUE			
City NEWPORT	State RI	Zip 02840	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name MARJORIE E. JENSEN		Director Name NONE			
Street Address 425 SAMPAN AVENUE		Street Address NONE			
City JAMESTOWN	State RI	Zip 02835	City NONE	State NONE	Zip NONE
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative CHRISTIAN BELDEN				Date 2/20/2023	
Signature of Officer/Authorized Representative 					

FILED
 MAY 22 2023
 BY 1659 A.A.

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