



**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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 AUG 31 P 1:03

1. Entity ID Number <b>001743568</b>		2. Exact name of the Corporation <b>STB, INC</b>			
3. Principal Office Address <b>265 PROVIDENCE STREET</b>			City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>SALES OF COFFEE, SOFT DRINKS AND DONUTS</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SOPHEAB BO</b>			Vice-President Name <b>SOCHEATH MEAS</b>		
Street Address <b>222 CRESENT AVENUE, APT #1</b>			Street Address <b>222 CRESENT AVENUE APT #1</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>SOCHEATH MEAS</b>			Treasurer Name <b>SOPHEAB BO</b>		
Street Address <b>222 CRESENT AVENUE APT #1</b>			Street Address <b>222 CRESENT AVENUE APT #1</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SOPHEAB BO</b>			Director Name <b>SOCHEATH MEAS</b>		
Street Address <b>222 CRESENT AVENUE APT #1</b>			Street Address <b>222 CRESENT AVENUE APT #1</b>		
City <b>CRANSTRON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>A</b>	<b>1.00</b>
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. <b>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.</b>					
Name of Authorized Representative <b>SOPHEAB BO</b>				Date <b>08/31/2023</b>	
Signature of Authorized Representative 					

**FILED**

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2675  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**AUG 31 2023**  
**BY ML MVQ 02**