



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 SEP 12 7 10 27

- 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 <u>1670298</u> | | 2. Exact name of the Corporation <u>Beef Entertainment Corp</u> | |
| 3. Principal Office Address <u>13 Elizabeth Street</u> | | City <u>Cumberland</u> | State <u>R.I</u> |
| | | Zip <u>02864</u> | |
| 4. NAICS Code <u>711410</u> | 6. Brief description of the character of business conducted in Rhode Island <u>Entertainment Business supply music and DJ Service for Events</u> | | |
| 5. State of Incorporation <u>R.I</u> | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Keith Robinson</u> | | Vice-President Name | |
| Street Address <u>13 Elizabeth Street Apt 2</u> | | Street Address | |
| City <u>Cumberland</u> | State <u>R.I</u> | Zip <u>02864</u> | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name <u>Keith Robinson</u> | | Director Name | |
| Street Address <u>13 Elizabeth Street Apt 2</u> | | Street Address | |
| City <u>Cumberland</u> | State <u>R.I</u> | Zip <u>02864</u> | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. | | 10. Shares Issued | |
| Changes require an additional filing. | | NUMBER OF SHARES <u>8000</u> | CLASS/SERIES <u>\$60.00</u> |
| | | | PAR VALUE |
| 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 <u>Keith Robinson</u> | | | Date <u>9-12-23</u> |
| Signature of Authorized Representative <u>Keith Robinson</u> | | | FILED |

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

SEP 10 2023 10:21am
BY LKS SH9VW