



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

R-001 0005 B-00
 ST. OCT 16 PM 2:42:16

1. Entity ID Number 000143851	2. Exact name of the Corporation Busy Bee Team Inc
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3. Principal Office Address 338 Sand Plains Trail	City Wakefield	State RI	Zip 02879
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4. NAICS Code 236110	6. Brief description of the character of business conducted in Rhode Island Contractor - roofing
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Benjamin Simson			Vice-President Name		
Street Address 338 Sand Plains Trail			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name			Treasurer Name		
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			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 This information is currently of record in the Department of State. <small>Changes require an additional filing.</small>	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 34%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">STK</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	STK	\$0.00			
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100	STK	\$0.00								

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 Benjamin Simson	Date
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Signature of Authorized Representative <i>Benjamin C. Simson</i>	FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

OCT 16 2023 2:43pm
BY LKS 2PAH4
FORM 630- Revised: 04/2023