



State of Rhode Island
Department of State - Business Services Division

FEB 02 2024
1700 02

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.

1. Entity ID Number <u>001708614</u>		2. Exact name of the Corporation <u>BCABB INC</u>			
3. Principal Office Address <u>965 Smithfield Ave</u>			City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>
4. NAICS Code <u>811111</u>		6. Brief description of the character of business conducted in Rhode Island <u>Auto Repair, Maintenance, Tires, Inspections</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Brian Bouthillette</u>			Vice-President Name <u>Carla Bouthillette</u>		
Street Address <u>39 Westwood Rd</u>			Street Address <u>39 Westwood Rd</u>		
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>
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			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		
			5000 -		
			1000 -		
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. <u>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.</u>					
Name of Authorized Representative <u>CARLA BOUTHILLETTE</u>					Date <u>2/1/2024</u>
Signature of Authorized Representative <u>Carla Bouthillette</u>					