



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BLD
24 MAY 9 PM 2:11 34

Annual Report for the year: **2024**

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.

1. Entity ID Number 000275790		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 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). RI Corporations MUST list at least THREE directors. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative CHRISTIAN BELDEN				Date 2/20/2024	
Signature of Officer/Authorized Representative 					

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

MAY 09 2024
BY 15269
AA. 2:11 PM
FORM 631- Revised 12/2023