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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.

|   |                    |   |   |                              |                     |
|---|--------------------|---|---|------------------------------|---------------------|
| 1. Entity ID Number<br><b>000057080</b>   |                    | 2. Exact name of the Corporation<br><b>Beebe + Family, INC</b>  |   |                              |                     |
| 3. Principal Office Address<br><b>726 Aquidneck Ave</b>   |                    | City<br><b>Middletown</b>   | State<br><b>RI</b>  | Zip<br><b>02842</b>          |                     |
| 4. NAICS Code<br><b>445120</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Convenience store</b> |   |                              |                     |
| 5. State of Incorporation<br><b>Rhode Island</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<br><b>DONNA R BEEBE</b>  |                    | Vice-President Name<br><b>Michael F. Smith</b>  |   |                              |                     |
| Street Address<br><b>1018 Green End Ave</b>   |                    | Street Address<br><b>1564 Pond Road</b>   |   |                              |                     |
| City<br><b>Middletown</b>   | State<br><b>RI</b> | Zip<br><b>02842</b>   | City<br><b>Mt. Vernon</b>   | State<br><b>RI</b>           | Zip<br><b>02842</b> |
| Secretary Name<br><b>Michael Smith</b>  |                    | Treasurer Name<br><b>Michael Smith</b>  |   |                              |                     |
| Street Address<br><b>1564 Pond Road</b>   |                    | Street Address<br><b>1564 Pond Road</b>   |   |                              |                     |
| City<br><b>Mt. Vernon</b>   | State              | Zip<br><b>04352</b>   | City<br><b>Mt. Vernon</b>   | State<br><b>RI</b>           | Zip<br><b>02842</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<br><b>NA</b>  |                    | Director Name<br><b>NA</b>  |   |                              |                     |
| Street Address  |                    | Street Address  |   |                              |                     |
| City  | State              | Zip   | City  | State                        | Zip                 |
| Director Name<br><b>NA</b>  |                    | Director Name<br><b>NA</b>  |   |                              |                     |
| Street Address  |                    | Street Address  |   |                              |                     |
| City  | State              | Zip   | City  | State                        | Zip                 |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.  |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                              |                     |
|   |                    | NUMBER OF SHARES<br><b>2000</b>   | CLASS/SERIES  | PAR VALUE<br><b>No Value</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.<br>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<br><b>DONNA R BEEBE</b>   |                    |   |   | Date<br><b>7/08/2024</b>     |                     |
| Signature of Authorized Representative<br><i>Donna R Beebe</i>  |                    |   |   |                              |                     |

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

FILED

FORM 630, Revised: 12/2023

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