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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 <u>000054080</u>		2. Exact name of the Corporation <u>Beebe + Family, INC</u>			
3. Principal Office Address <u>726 Aquidneck Ave</u>		City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	
4. NAICS Code <u>445120</u>		6. Brief description of the character of business conducted in Rhode Island <u>Convenience store</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>DONNA R BEEBE</u>		Vice-President Name <u>Michael F. Smith</u>			
Street Address <u>1018 Green End Ave</u>		Street Address <u>1564 Pond Road</u>			
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	City <u>Mt. Vernon</u>	State <u>RI</u>	Zip <u>02842</u>
Secretary Name <u>Michael Smith</u>		Treasurer Name <u>Michael Smith</u>			
Street Address <u>1564 Pond Road</u>		Street Address <u>1564 Pond Road</u>			
City <u>Mt. Vernon</u>	State	Zip <u>04352</u>	City <u>Mt Vernon</u>	State <u>RI</u>	Zip <u>02842</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>NA</u>		Director Name <u>NA</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name <u>NA</u>		Director Name <u>NA</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>2000</u>	CLASS/SERIES	PAR VALUE <u>No Value</u>
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>DONNA R BEEBE</u>				Date <u>7/08/2024</u>	
Signature of Authorized Representative <u>Donna R Beebe</u>					

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
JUL 08 2024
BY QTSUA
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FORM 630, Revised: 12/2023