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State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

- 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 <b>000057080</b>		2. Exact name of the Corporation <b>Beebe + Family, Inc.</b>			
3. Principal Office Address <b>726 Aquidneck Ave</b>		City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	
4. NAICS Code <b>445120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Convenience store</b>			
5. State of Incorporation <b>RI Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Donna R BEEBE</b>			Vice-President Name <b>Donna Beebe</b>		
Street Address <b>1018 Green End Ave</b>			Street Address <b>1018 Green End Ave</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>Donna Beebe</b>			Treasurer Name <b>Donna Beebe</b>		
Street Address <b>Same as above</b>			Street Address <b>Same as above</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>NA</b>			Director Name <b>NA</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NA</b>			Director Name <b>NA</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES <b>2000</b>	CLASS SERIES	PAR VALUE <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.					
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 <b>Donna R BEEBE</b>					Date <b>7/8/2024</b>
Signature of Authorized Representative <b>Donna R Beebe</b>					

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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

**FILED**

**JUL 08 2024**  
**BY QTSU**  
**AA. 11:10 AM.**

FORM 630 - Revised: 12/2023