

REC'D RIDOS BSD  
24 JUL 8 PM 12:11:08



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

Scanned with CamScanner

1. Entity ID Number <u>000057080</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>	5. 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Donna R BEEBE</u>		Vice-President Name <u>Donna R Beebe</u>	
Street Address <u>1018 Green End Ave</u>		Street Address <u>Same</u>	
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	
Secretary Name <u>Donna BEEBE</u>		Treasurer Name <u>Donna BEEBE</u>	
Street Address <u>SAME</u>		Street Address <u>SAME</u>	
City <u></u>	State <u></u>	Zip <u></u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Donna NA</u>		Director Name <u>NA</u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	Zip <u></u>	
Director Name <u>NA</u>		Director Name <u>NA</u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	Zip <u></u>	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.			
Changes require an additional filing.		10. Shares Issued NUMBER OF SHARES <u>2000</u>	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  
146 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

JUL 08 2024  
BY QTSY4  
AA. 11:09 AM.